



**BASIC LIFE SUPPORT  
STUDENT PERMISSION  
FORM FOR STUDENTS  
LESS THAN  
18 YEARS OLD**

109 Governor Street, Suite UB-55  
Richmond, Virginia 23219  
1-800-523-6019 (VA only)  
804-864-7600  
FAX: 804-864-7580

Dear Parent/Legal Guardian:

Your daughter/son has expressed an interest in being certified as an Emergency Medical Services Provider. The Office Of Emergency Medical Services, Virginia Department of Health requests that you take a moment to review this letter. If you have any concerns, please discuss them with your daughter/son, the EMT instructor, or someone at the Office of Emergency Medical Services. (1-800-523-6019)

The Emergency Medical Services (EMS) Basic Life Support (BLS) Course is a program which trains people to assist injured or ill individuals outside the confines of a hospital. The curriculum used in Virginia is a nationally recognized program developed by the U.S. Department of Transportation. The curriculum requires a minimum of number of hours of classroom instruction and for Emergency Medical Technician programs an additional 10 hours of clinical experience either by hospital emergency department observation, or a ride-a-long on an ambulance. Following successful completion of a State approved course, the student is allowed to take the State Certification Examination. Passing both the written and practical aspects of the State examination certifies the student to perform the duties of an EMS provider. Because of the responsibilities placed on an EMS provider, the State of Virginia requires that anyone less than eighteen (18) years of age must have permission from their parent or legal guardian to become certified as an EMS provider in Virginia. **The individual must be at least sixteen (16) years of age before the course starts to enroll in an EMS program.**

To participate in the delivery of health care can be a very rewarding experience. However, the responsibilities of an EMS provider are great and at times extremely stressful. The balance of a patient's life may rest with the actions taken by the provider. The consequences of such situations can be positive; but can also be a source of frustration, guilt, and emotional distress. Physical injury is also a very real possibility. EMS providers are at a greater risk of exposure to infectious diseases, hazardous environments, and violent behaviors. Emergency Medical Services' training programs provide information on how to protect oneself when dealing with these hazards. However, the nature of EMS activities tends to place EMS providers in dangerous situations where the maturity and experience to deal with critical decisions is of the most importance.

(over)

By signing this document, you agree that your daughter/son has the capabilities of managing these mature matters. The Office of Emergency Medical Services welcomes all interested individuals to participate as an informed member in this very rewarding activity.

I, \_\_\_\_\_, have reviewed this letter and  
(parent/guardian) (PRINT)  
discussed with my daughter/son the activities associated with being an EMS provider. Having no further questions, I consider my daughter/son, \_\_\_\_\_, to possess the  
DAUGHTER/SON NAME (PRINT)  
necessary maturity to perform the duties of an Emergency Medical Services Provider and authorize their enrollment in this \_\_\_\_\_ course.  
Name of EMS Program

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

**RELATIONSHIP TO APPLICANT:** \_\_\_\_\_

If the applicant is a member of an agency providing prehospital medical care, the endorsement of the applicant by an officer in the agency is required to insure agency insurance coverage, etc. in the event of student's course related injury or liability.

I, \_\_\_\_\_, \_\_\_\_\_ for  
NAME OF OFFICER (PRINT) OFFICER TITLE  
the \_\_\_\_\_  
NAME OF AGENCY  
have spoken to \_\_\_\_\_ and I recommend that  
PARENT / GUARDIAN  
\_\_\_\_\_, a member in good standing with the above  
NAME OF APPLICANT

agency be allowed to take the Emergency Medical Services' BLS program for certification.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
SIGNATURE OF OFFICER DATE

This letter must be presented to the EMT Instructor who will keep it on file with the records for the Emergency Medical Services program the above applicant has enrolled. This letter must be returned to the EMT instructor within one week after receipt by the student in order to remain in the course.