

BLS Course Student Signatures

Page

Southwest Camden County Fire
Protection District
130 State Rd N
Macks Creek, MO 65786

training@swfpd.net 573-363-5995

Enclosed are documents containing information about the EMS program you are about to attend. You will be asked to verify that you have reviewed the information with the Course Coordinator, have had your questions answered and understand the information contained herein by signing this cover form **and individual documents enclosed.**

My signature below indicates that the specific section listed below for the Emergency Medical Responder/First Responder or Emergency Medical Technician program has been read to me. Further, my signature indicates that I read the contents of the specific section for the Emergency Medical Responder/First Responder or Emergency Medical Technician program and understand the information contained in that section.

Student Name
(printed)

Part I Introduction

Part II Student Policy Acknowledgement, Photo Video Release

Signature Date Signed Date of Birth – Minimum 16 YO

Part III Authorization for Release of Information

Please Indicate who is authorized to obtain information on your behalf (if any)

Signature Date Signed _____

Part IV Expectations for Successful Completion of the Program

Signature Date Signed _____

Part V Course Fees and Refund Policy

Signature Date Signed _____

Part VI Requirements for State and/or National Registry Testing

Signature Date Signed _____

Part VII Americans with Disabilities Act

Signature Date Signed _____

Part VIII Course Schedule

Signature Date Signed _____