STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Office of Emergency Medical Services

PARENTAL CONSENT FORM

THIS FORM IS REQUIRED FOR EMS PROVIDER CANDIDATES UNDER THE AGE OF EIGHTEEN (18)

COURSE OVERVIEW: The course emphasizes emergency medical care skills and attempts to teach these skills in a job related context. The following medical conditions are included: inadequate airway; cardiac arrest; external and internal bleeding; shock; injuries to all body parts; fractures; dislocations; sprains; poisons; heart attack; stroke; diabetes; acute abdomen; communicable diseases; patients with abnormal behavior; alcohol and drug abuse; the unconscious state; emergency childbirth; burns (chemical, electrical, heat and radiation); emergencies caused by hot and cold environmental conditions and emergencies resulting from water hazards. In addition, the program also includes training in the use of the following equipment and materials; suctioning devices; airways; bag-mask resuscitation devices; oxygen equipment and delivery systems; sphygmomanometer and stethoscope; splints of all types (including backboards), bandages, automated external defibrillator and assisting the patient with certain medications.

EMT ROLES AND RESPONSIBILITIES: EMS provider functions include the following: patient examination; prompt and efficient care; appropriate patient handling; safe and efficient patient transport; orderly patient transfer to emergency department; communications; reporting and record keeping; vehicle driving, maintenance and care; if rescue crews are absent, controlling the accident scene. The EMS provider is expected to carry out these responsibilities in a professional manner. The EMS provider should be well groomed and properly attired and exhibit appropriate concern for the patient.

LEGAL ASPECTS OF EMERGENCY CARE: The EMS provider needs to keep current, relative to legal requirement in the area in which he provides services. Specifically, he should be knowledgeable about his responsibilities relative to the following: duty to act or respond to the need for care and standards of care including professionals or institutional standards; consent; actual consent; implied consent; minor's consent; consent of mentally ill; right to refuse treatment; immunities; government immunities; government immunities; Good Samaritan Laws; EMS and Paramedic statues; exemption from the Medical Practice Act; effect of licensing and certification.

METHODS OF EDUCATION: The EMS provider student will be involved in lectures given by doctors, nurses, and other emergency care instructors. Students also will participate in simulated emergencies, skill development exercises, local Emergency Department observations and possible ambulance familiarization drills.

I, _____, parent/legal guardian of, _____
Please Print Please Print

have read the above description of the state approved emergency medical technician training program and give my consent for my son/daughter to be enrolled in such program.

_____ _____ _____

Parent/Legal Guardian Signature **Date of Birth** **Minor's Signature**

Address: _____

City: _____ **State:**_____ **Zip:**_____ **Phone:**_____

Enrolled: Newtown Ambulance 1/5/2027 Steve Rambone EMS-I

Location **Start Date** **Primary Instructor**

Course Approval Number: 2026-243

Please return completed form by clicking on the Submit button. Forms can also be sent via fax or mail to CT Department of Public Health, EMS Certification • 410 Capitol Ave., MS #12 EMS • P.O. Box 340308 • Hartford, CT 06134-0308 • Fax: (860) 920-3142 • Phone: 860-509-7975 • dph.emslicensing@ct.gov

Click to Submit