



**EMERGENCY MEDICAL TECHNICIAN
BASIC**

STUDENT CONTRACT and AGREEMENT

EMERGENCY **T**RAINING **S**ERVICES

Mystic, CT

(860) 572-1869,

emsi_steve@hotmail.com

www.emergencytrainingservices.com

**Emergency Medical Technician -Basic Course
Student Agreement**

Notice: Your application will not be valid until you have initialed each bullet point and submitted this form to the Course Coordinator.

If you have any questions regarding the course policies, do not hesitate to contact the Course Coordinator: emsi_steve@hotmail.com. If you have any concerns about meeting these course criteria, please do not submit an application until you speak with the Course Coordinator.

_____ I have read and understood the course policies.

_____ I verify that I am above the age of 18 or will be by the Licensure Examination. I also verify that I have completed high school, as evidenced by a high school diploma or G.E.D. If the student is between ages 16 to 18 a parental consent form must be complete and signed by the parent / guardian. Contact the course coordinator for the form.

_____ I understand that the \$150.00 application fee is completely non-refundable should I get into the class. I understand that the entire \$700.00 course fee is completely non-refundable after the start of the first class. I understand that all additional fees are completely non-refundable should I get into the class, although I will be able to keep all materials.

_____ I understand that in addition to the course fee, I am responsible for the payment of National Registry of Emergency Medical Technicians testing fees.

_____ I understand that I must attend all class and practical sessions. I have checked my schedule and have no conflicting events on any class or practical session.

_____ I understand that this course is very intense and I realize that I will receive no refund if I drop the course because of school or work- related conflicts.

_____ Any and all material submitted to Emergency Training Services becomes property of Emergency Training Services and can be used for publication at a later date.

Print Name	Signature	Date
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Revised; November 15, 2011

STUDENT CONTRACT

I hereby certify that the statements on my application are true and complete, that I understand the responsibilities of the program and that no claim will be made by me or in my behalf, against the EMS-I(s) in charge of this Program (i.e., the Course Coordinator(s)), his or her agents, employees or designees, Emergency Training Services, New London Adult Education, Eastern Connecticut Emergency Medical Services Council, Lawrence and Memorial Hospital or any other authorized clinical or observation site, the sponsoring group and/or the facility(s) used for training, for any loss, injury, damage, which may result there from. I hereby certify that I am aware of and will abide by all the requirements set forth by this Program in the Student Policy Manual, the class syllabus, and any ancillary documents which have been or which may be provided to me from time to time throughout the Program. I also certify that I have received a copy of this Contract, a class syllabus outlining the class schedule and reading assignments, and the EMS Training Program Policy Manual and agree to abide by all rules, regulations, policies and procedures as outlined by the Program.

I further understand and agree that as a student in the **Spring, 2012** EMT Program, I must maintain the confidentiality of all matters related to the patients, the Program, and the Program instructors and staff. This includes, but is not limited to, refraining from looking up, disclosing, copying, publishing, altering, or modifying any educational, classroom, business or patient records, materials, computerized data or any other form of information unless authorized to do so. This Confidentiality provision is intended to and shall survive to the end of my participation in the Program, whether such end is by completion or termination from the Program, and in the case of termination, regardless of the reasons for such termination.

It has been explained to me that any violation regarding confidentiality will be considered a serious infraction and will result in disciplinary action, up to and including termination from the Program and possible legal consequences.

Spring 2012, EMT-Basic Program

Student's Name PRINTED

By: Steven Christina
Steven Christina, EMT-B, EMS-I

Student's signature

January 05, 2012
Date signed

Date signed

If Student is under 18 years of age, signature of parent or legal guardian:

Signature

Date signed

Printed Name

WAIVER OF RIGHTS

In consideration for the opportunity to pursue training and/or education, the undersigned hereby waives any and all rights that he/she might have to claim damages, compensation, or remuneration in any form from City of New London, Connecticut, Emergency Training Services, New London Adult Education and any and all students, faculty, staff, Clinical Mentors and preceptors, visitors, patients, and/or employees of the City of New London, Connecticut, Emergency Training Services, and/or New London Adult Education. These rights specifically pertain to any injuries to the undersigned occurring under the following circumstances: The undersigned is injured while he/she is a student or student observer in any training program or clinical observation location, or a while a passenger in any ambulance or other vehicle owned and operated by the City of New London, Connecticut, Emergency Training Services, Lawrence and Memorial Hospital, Groton Ambulance Association, Mystic River Ambulance Association and/or New London Adult Education. while such student is present in any classroom, training area, clinical observation site, ambulance or other vehicle as an observer and/or as part of a training program.

As used herein, the word "injuries" shall include bodily injuries, injuries to personal property, mental anguish, emotional distress, psychological injuries, and/or death resulting from any such injuries. All reference herein to the undersigned shall include not only the individual actually signing this document, but also his or her personal representative, heirs, survivors and assigns.

In addition to waiving rights as specified above, the undersigned, by signing this document, represents that he/she has read, understood and received a copy of this document; that he/she is 18 years of age or older (or if under 18 years of age, that a parent or legal guardian has read, understood and received a copy of this document); and that he/she is fully aware of the risks inherent in the type and nature of training and clinical observation to be engaged in, as well as the risks and dangers inherent in riding in an ambulance or other vehicle operated by an ambulance company. The undersigned also acknowledges that if any single provision of this Waiver of Rights is declared unenforceable that such declaration has no effect on the enforce ability of the remainder of the Waiver. This Waiver of Rights shall become effective upon its signing.

Dated this ____ day of _____, 20_____.

(Signed)

(Printed Name)

If Student is under 18 years of age, signature of parent or legal guardian:

Signature

Date signed

Print Name

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