

RWJBarnabas Health's
EMT Initial Training Program Application

STUDENT AUTHORIZATION AGREEMENT

FOR STUDENTS OVER AGE 18:

I have applied to participate an RWJBarnabas Health Emergency Medical Technician program. I have reviewed the course schedule and understand that it contains subject matter that must be dealt with a mature fashion, requires physical contact between students during practical exercises and lifting, moving, and bending. I also understand that I may be photographed and/or videotaped while in class. At no time will photographs or video be taken without my knowledge and consent. These photographs and videos are strictly for use in class and for public outreach. For questions or concerns, I can contact EMT Program Director Chris Ireland at chris.ireland@rwjbh.org.

FOR STUDENTS UNDER AGE 18:

I, as the parent/guardian of this EMT applicant, give permission for my son / daughter to participate in the Emergency Medical Technician Program being conducted by RWJBarnabas Health. I have reviewed the course schedule and understand that it contains subject matter that must be dealt with a mature fashion, requires physical contact between students during practical exercises and lifting, moving, and bending. I also understand that my son / daughter may be photographed and/or videotaped while in class. At no time will photographs or video be taken without their knowledge and consent. These photographs and videos are strictly for use in class and for public outreach. For questions or concerns, I can contact EMT Program Director Chris Ireland at chris.ireland@rwjbh.org.