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. These photographs and videos are strictly for use in class and for public outreach. For questions or concerns, I can contact EMT Program Director Russell Stuart at Russell.Stuart@rwjbh.org

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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. These photographs and videos are strictly for use in class and for public outreach. For questions or concerns, I can contact EMT Program Director Russell Stuart at Russell.Stuart@rwjbh.org