



**Acknowledgement of Admission Packet**  
**To Include: Policies and Procedures**  
**Liability Waiver and Assumption of Risk**  
**Functional Job Description**  
**ADA and Discrimination Statement**

**I HAVE RECEIVED A COPY OF, HAVE REVIEWED, AND UNDERSTAND THE SCHOOLS EMS EDUCATION DEPARTMENT ADMISSION PAPERWORK TO INCLUDE ALL POLICIES AND PROCEDURES AND AGREE TO ABIDE BY THEM.**

Print Name: (First Middle Last) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date \_\_\_\_\_

**I HAVE RECEIVED A COPY OF, HAVE READ AND UNDERSTAND THE FUNCTIONAL JOB DESCRIPTION FOR THE EMS PROGRAM I HAVE ENROLLED IN.**

Print Name: (First Middle Last) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date \_\_\_\_\_

**Student File Information**

Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Student Driver License Number: (state \_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_

\_\_\_\_\_(Initial) If enrolling in **Paramedic or AEMT Program** I understand that my Texas and/or National Registry EMT-B or AEMT certification must remain valid during the entire class.

Select One: \_\_\_\_\_ If enrolling in **Paramedic or AEMT Program**: My Texas and/or National Registry EMT-B or AEMT certification(s) do not expire until after the completion date of the program.  
\_\_\_\_\_ If enrolling in **Paramedic or AEMT Program**: My Texas and/or National Registry EMT-B or AEMT certification(s) will need to be renewed during the program and that it is my responsibility to update the program coordinator upon completion of renewal. Failure to do so may result in dismissal from the program.

\_\_\_Yes \_\_\_No **All EMS Students must answers the following: Have you committed a felony or misdemeanor in the past?** **Pg1/3**

### Liability Waiver and Assumption of Risk

The undersigned \_\_\_\_\_, (participant) voluntarily makes and grants this waiver and assumption of risk in favor of the program in consideration of the opportunity to use the facilities, equipment, and materials of the program school and to receive training, education and/or instruction from the program school.

I hereby waive and release the program school from the following:

1. Any claim for in contact or personal injury, bodily injury, or property damage, losses, or death.
2. Any ADA concern, preexisting medical, physical condition, or previous injury undisclosed by me to the program school that would prevent me from performing any tasks related to the training/education, such as back injuries, pregnancy, heart condition, etc.. If you have any such conditions please disclose here:  
\_\_\_\_\_
3. I understand the building manager of the training site is responsible for any injuries caused by the building, e.g. a condition of maintenance or weather.
4. There are no refunds once class has commenced, seat fee is non-refundable.
5. I have been given access to the course admissions packet which includes the program policy and procedures and have been given an opportunity to ask questions prior to signing this form. I understand and shall adhere to the policy and procedures presented to me for this course.

If any dispute arises between myself and the program school, I agree to submit the dispute to the management board for a final decision if not resolved at a lower level.

I understand and recognize that there are certain risks, and perils connected with training, education procedures, and tasks, which I hereby acknowledge have been fully explained to me and which I fully understand and nevertheless accept (including communicable diseases).

I further agree to use my best judgment in undertaking training and education tasks and to faithfully adhere to all safety instructions and recommendations, whether oral or written.

For paramedic courses I understand that a consortium relationship exists with an accredited College/Institution to issue credit.

I hereby certify I am a competent adult assuming these risks of my free will being under no compulsion or duress.

This waiver and assumption of risk is effective from the first day of class until NREMT/state testing and may not be revoked, altered, amended, rescinded, or voided without the express consent of program school.

Print Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Date Witnessed: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

**American's with Disability Act:** The school strives to comply with the provisions of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. Students must have acceptable documentation that an ADA situation exists. The student must bring this information to the course coordinators attention before the conclusion of the first class session. Information will be reviewed and student will be advised if ADA applies to EMS training. As a general guideline, the school uses previous court cases and TxDSHS recommendations to determine what qualifies for accommodation. Because this profession requires rapid action and the ability to perform tasks autonomously, students with disabilities are encouraged to meet with program officials before enrolling. EMTS and EMTS/TBD facilities, clinical and internship sites must comply with ADA accessibility requirements. Allowable Accommodations: The Americans with Disability Act of 1990 permits testing that requires the use of sensory, manual, or speaking skills where the tests are intended to measure essential function of the profession. For example, an applicant with reading difficulties is still required to take a written exam (rather than an oral exam) since the ability to read is an essential function of EMS. Students are expected to pass a written exam and pass the skills proficiency verifications within established criteria.

- Students are required to demonstrate performance within specific time frames.
- Students must complete written exams within specific time limits.
- Students are not allowed to have written exams given orally.
- Students must take all exams at the scheduled times.
- Students must answer all test questions as written.
- Students must meet all professionalism standards.

**Non-Discrimination Statement:** The school does not and shall not discriminate against employees, contractors, prospective students/participants, or enrolled students on the basis of race, color, religion (creed), gender, expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. If these questions are asked by the school it is mandated by local and/or federal agencies and/or certification/licensure agencies.