PARENTAL CONSENT FORM  
(Submit with NM EMS licensure application)

PARENT/GUARDIAN:
The undersigned party is the parent or legal guardian of ____________, Applicant, a minor, who wishes to apply for licensure as an EMSFR (EMS First Responder) or Emergency Medical Technician-Basic (EMT-B). I understand that the Service Director of ________________(name of EMS Service) must approve my child’s application.

As the Parent/Guardian, by signing this form, I acknowledge (by initialing each statement below) that:

_____ Applicant is at least 17 years of age (for EMT-B) or 16 years of age (for EMSFR).
_____ The EMS Service Director has the authority to govern my child’s participation in this process.
_____ Applicant shall comply with all applicable provisions in the NM EMS Bureau and NM Department of Health Regulations.

The undersigned understands and accepts the requirements for the minor to become licensed as an EMSFR (EMS First Responder) or EMT-Basic (EMT-B):

_____________________________                                                                                  _______________________
Signature of Parent/Guardian                                                                                                          Date

_____________________________
Printed Name of Parent/Guardian

APPLICANT:
By signing this form, you acknowledge that successful completion of EMSFR or EMT-B licensure is conditioned on several factors, including:

1. Successful completion of an approved NM EMS training course and completion of a NM EMS training institution final written and practical exam, as verified by a Course Completion Certificate.
2. Completion of this form (notarized) including support from your EMS Service Director.
3. Submitting a complete EMS licensure application packet with appropriate fees.

The undersigned, who is at least 17 years of age (EMT-B) or 16 years of age (EMSFR) understands and accepts the requirements to become licensed as an EMT-Basic (EMT-B) or EMS First Responder (EMSFR).

_______________________________                                                                              ______________________
Signature of Applicant                                                                                                                     Date

_______________________________
Printed Name of Applicant

SERVICE DIRECTOR SUPPORT:
I, EMS Service Director of _______________(name of EMS service), recognized by the Emergency Medical Systems Bureau of the NM Department of Health, hereby support the application for licensure of Applicant and acknowledge that the Service will provide appropriate supervision and liability coverage for Applicant.

_______________________________                                                                             _______________________
Signature of Service Director                                                                                                          Date

_______________________________                                                                             _______________________
Printed Name of Service Director                                                                                            PHONE #

NOTARY

STATE OF NEW MEXICO  
COUNTY OF ______________

The foregoing instrument was acknowledged before me on this _____day of ______, 20____ by _____________________.

_____________________________
Notary Public