

EMS Care Ambulance – School Of Learning Emergency Medical Technician (EMT) Course Registration

Student Information Form

Legal Last Name:	Legal First Name:	Legal Middle Name:
Date of Birth:	Phone Number:	Email Address:
Street Address:	City:	State, Zip Code:
Allergies:	Medical History:	Medications:
Social Security Number:	Driver’s License Number:	Men’s Uniform Shirt Size:
Emergency Contact Name:	Emergency Contact Phone Number:	Emergency Contact Relationship:

Please note, answering yes to any of the following questions will NOT disqualify you from attending this program.

Do you currently work in the medical field?

- Yes No

If yes, in what capacity? _____

Have you ever been arrested?

- Yes No

Have you ever been convicted of a misdemeanor or felony?

- Yes No

If yes, please list the charge(s), state(s), and date(s).

MY SIGNATURE BELOW INDICATES THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Print Name: _____

Signature: _____

Date: _____