DAYTONA STATE COLLEGE
EMERGENCY MEDICAL SERVICES PROGRAM

DATE:_____

NAME (PLEASE PRINT)_____

SIGNATURE:_____

By initialing, I hereby authorize the Program Manger of the EMS Program at DSC to release any information or statement executed by me or generated as a result of my attendance in any of the EMS programs. (i.e: grades, application information, disciplinary matters, etc.)

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By initialing, I hereby acknowledge I have been directed to download from the EMS Department website the, EMS Student Handbook, DSC EMS Student Exposure Control Plan and copies of Florida Statute as it pertains to EMS, and agree to read, familiarize myself with, and abide by all of the information contained therein.

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I further agree to abide by all rules and regulations as written in the EMS Student Handbook which governs EMS Training Programs at DSC. I understand that not following all rules and regulations will result in discipline up to and including dismissal from the EMT or Paramedic program.

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By initialing, I hereby acknowledge I have been directed to download from the EMS Department website, and will be held accountable for following the DSC Emergency Medical Service Code of Ethics. I understand that I will be held to a high ethical standard as a student in prehospital medical care. I understand that not following the Code of Ethics will result in discipline up to and including dismissal from the EMT or Paramedic program.

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By initialing, I have read and understand Section 5, #5.3 HIPAA of the EMS Student Handbook. Violation of Section 5.3 will result in immediate expulsion from the EMS Program.

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