

**EXAM PATIENT PERMISSION FORM**

Prospective patients complete this form prior to participating as a patient in an examination.

“Patient” Name \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

I understand that the practical licensing examination is recorder and are only viewed by EMS Branch staff in the event of an exam appeal, inappropriate conduct or Quality Assurance reviews. The Quality Assurance reviews are to ensure the consistency and objectivity of the examiners and the exam process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Patients under the age of 18 must have the following section completed and signed.

I, \_\_\_\_\_, parent/guardian for  
Parent/Guardian Name in Full (please print)

\_\_\_\_\_  
Name of Minor

Provide permission for him/her to act as a “patient” at Emergency Medical Responder(EMR) examinations. I understand that the practical examination is video/audio recorded and recordings may be reviewed by the EMS Branch staff in the event of an exam appeal, inappropriate conduct or Quality Assurance reviews. (Quality Assurance reviews are to ensure the consistency and objectivity of the examiners and the exam process)

In case of emergency I can be contacted at \_\_\_\_\_ or \_\_\_\_\_  
Phone # Phone #

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

***If you have any concerns about the exam process please phone:  
 Senior Policy Analyst Susan Dyck 945-5613***