



SENECA COUNTY Emergency Medical Services



Emergency Medical Services

CADET FORM

NAME: _____

ADDRESS: _____
Street Address City Zip County

HOME PHONE: _____ WORK PHONE: _____

DISTRICT AFFILIATION: _____

I hereby attest that I am currently enrolled in an accredited E.M.T. training program at _____ and my lead instructor is _____.

I have read and do understand the functional limits of this cadet program. I understand said limits have been set by Federal, State, and local laws; as well as provisions in the Seneca County EMS Policies and Procedures. I hereby acknowledge that I can, and will, be held liable for any and all improper or negligent actions during this program. I also acknowledge I am to perform only when instructed by a certified E.M.T., and do so within the confines of my curriculum.

Cadet Signature

Date

Instructor Signature

Date

District Coordinator Signature

Date

* INSTRUCTOR: Please attach a sheet stating specific skills this cadet is capable of performing. If no sheet is attached, cadet will be allowed a ride-a-long/ observation ability only.

Ken Majors RN, NREMT-P, EMS Director
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