

**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