

**WALLACE COMMUNITY COLLEGE
EMERGENCY MEDICAL SERVICES**

PARTICIPATION DISCLAIMER

I understand that as a student in the Emergency Medical Services Program that I will participate in activities that will require me to act as a patient, as well as, a health care provider. These activities include, but are not limited to, patient assessment, splinting, and spine stabilization. The process of assessing and treating patients/classmates may require observation and touching of the body. I understand that it is my responsibility to demonstrate professionalism at all times and to know the correct application procedures for the devices used in the EMS field. I further understand that I must give prior notification to the instructor if I have a valid reason not to participate in any activity. It is important for all students to recognize that any form of harassment will not be tolerated and will be handled in accordance with Wallace Community College policy as listed in the college catalog. I agree to participate in class, clinical and lab activities and will conduct myself in a professional manner at all times. With this knowledge, I release Wallace Community College and its instructors from any claims that might arise from my participation.

Signature

Printed Name

Date