



Registration & Consent Form

Course Name: _____

Course Date(s): _____

Personal Information: (Please print legibly)

First Name: _____

Middle Name: _____

Last Name: _____

Email: _____

Home Address: _____

(Street)

(City)

(Province and Postal Code)

Phone #: _____

Date of Birth: _____

~~~~~  
**Consent to Release Information to EMALB**

I hereby consent to allowing Vancouver Island Emergency Response Academy (VIERA) to release the following information to BC Emergency Medical Assistant Licensing Board – for the purpose of being registered as a qualified VIERA First Responder Instructor/Evaluator:

First Responder License Number: \_\_\_\_\_

x \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

~~~~~  
Consent to Release Information to Employer

I hereby consent to allowing Vancouver Island Emergency Response Academy to release to my employer my test results, Statement or Certificate of Course Completion and verification of attendance in connection with this course. I understand that my consent is required prior to release of the specified information.

Employer's Name: _____

Employer Contact: _____

Employer's Address: _____

(Street)

(City)

(Province and Postal Code)

x _____

Signature: _____

Date: _____

~~~~~  
**Emergency Contact Information**

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

*This form must be filled out for each course an individual takes to ensure all contact information and authorizations are current and up-to-date.*