

***Wilderness First Aid Course
Application & Student Information Sheet***

The St. Vincent Indianapolis Hospital Wilderness First Aid Course, offered in partnership with the Indiana Department of Natural Resources and Indiana Conservation Officers, provides you the opportunity to earn WFA certification valid for 3 years in a fun and interactive environment as facilitated by our qualified EMS educators. Wilderness medicine is providing first aid or more advanced patient care to the sick and injured that are more than one hour from definitive medical care. Situations involving wilderness medicine can include hiking, camping, hunting, and/or fishing in remote areas, or providing care in an urban environment which has been ravaged by a natural or man-made disaster. Space is limited, so early registration is strongly encouraged! (we reserve the right to cancel the course due to insufficient enrollment).

Name: _____

Address _____

City: _____ State: _____ Zip _____

County Of Residence: _____

Telephone Numbers Home: _____ Work: _____

Pager: _____ Drivers License # for Training Records _____

Email Address: _____

Date and Location of Wilderness First Aid Course You Wish to Attend (Check one):

- ___ Salamonie Lake (June 21-22, 2008) **Registration deadline: June 13, 2008**
- ___ Prophetstown State Park (July 12-13, 2008) **Registration deadline: July 3, 2008**
- ___ McCormick's Creek State Park (August 2-3, 2008) **Registration deadline: July 25, 2008**

What is the highest grade/level of education you have completed?

Why do you want to learn Wilderness First Aid? What do you plan on doing with the knowledge?

What outdoor experience do you have (none required)?

Do you have any allergies, for example, bee stings, to latex, etc.?

Do you have any learning disabilities you would like to disclose? If so, please explain:

Emergency Contact Information

Name _____ Relationship _____

Telephone Number(s) _____

I hereby request admission to the Wilderness First Aid course offered by St. Vincent Hospitals and Health Services. I understand that St. Vincent Hospitals and Health Services does not provide job placement services, nor guarantees that I will gain employment as a result of completing this course. I further understand that must complete all aspects of the course, including testing, to be eligible for third-party certification.

Additionally, I understand that it is **MY OWN RESPONSIBILITY** to cover my own injuries or illness which may occur during training. I understand that the program will not cover any injuries or accidents that might occur during classroom participation, field participation, outdoor hikes, scenarios, and/or exercises. I agree and understand to participate in the course **AT MY OWN RISK**.

By my signature below I agree to be bound by the terms of this application and attest that I am in good physical condition and am participating in the course of my own free will and volition.

Signature _____

Printed Name _____

Date _____

Parent or Guardian Signature of consent and release if student is under 18 years of age:

Date _____

Mail this application by the deadline listed above for each class to St. Vincent Hospital, EMS Education, 2001 W. 86th St., Indianapolis, IN 46240 or fax it to 317.338.2017. For payment options or invoices, call 317.338.4354.