

## Authorization to Qualify as First-Aider

Complete and submit this form if you will be serving as the primary first-aider/CPR/AED for your troop/group, or if you will be serving as the primary first-aider/CPR/AED for a specific trip your troop/group is going on. Once you have completed this form, submit it along with copies of your certification to the service unit representative.

|               |  |                |  |            |  |
|---------------|--|----------------|--|------------|--|
| First Name:   |  | Middle Name:   |  | Last Name: |  |
| Phone Number: |  |                |  |            |  |
| Troop/Group # |  | Service Unit # |  |            |  |

Check appropriate qualification:

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency Medical Technician | <input type="checkbox"/> Paramedic             |
| <input type="checkbox"/> Licensed Practical Nurse     | <input type="checkbox"/> Physician             |
| <input type="checkbox"/> Military Medic               | <input type="checkbox"/> Physician's Assistant |
| <input type="checkbox"/> Nurse Practitioner           | <input type="checkbox"/> Registered Nurse      |
| <input type="checkbox"/> Other: _____                 |  |

I, \_\_\_\_\_, having completed medical training equivalent to first-aid/CPR/AED certified training, on or about \_\_\_\_\_, am qualified to administer first-aid/CPR/AED in the event of an emergency.

Check your equivalent level of first aid as per the current edition of *Safety Activity Checkpoints*.

- First Aid       Advanced First Aid or Wilderness First Aid

| Access to EMS        | Minimum Level of First-Aid Required   |
|----------------------|---|
| Less than 30 minutes | General First Aid   |
| More than 30 minutes | Any of the following: <ul style="list-style-type: none"> <li>• Advanced First Aid</li> <li>• Wilderness First Aid (WFA)</li> <li>• Wilderness First Responder (WFR)*</li> </ul> |

*\*Although a WFR is not required, it is strongly recommended when traveling with groups in areas that are greater than 30 minutes from EMS.*

Signature \_\_\_\_\_ Date \_\_\_\_\_