Instructed by: DT4EMS

Escaping Violent Encounters

Escaping Violent Encounters for Emergency Medical Services & Fire

Patient and Provider Scene Safety Training for America's First Responders

www.dt4ems.com

April 09, 10 8AM-5PM

Held at Sussex Division

Objective : To empower cultural and behavioral modification through the enforcement of exemplary customer service, reasonability, and industry best practices that yield a reduction in employer liability and culminate in an increase employee safety and security.

Workplace Violence in Emergency Medicine is no doubt an epidemic. That is a **FACT**.

FACT: Almost daily your EMS, Fire or Emergency Department staff are threatened, yelled at or physically assaulted by a patient, upset family member or bystander.

FACT: You understand, according to several studies, injuries from assaults are a leading cause for lost work hours in the fields of emergency medicine.

FACT: We understand you are concerned about the response you or your provider would use in these particularly stressful incidents.

*Must be 18 years of age to register.

Please Register @ www.statefireschool.delaware.gov

By: March 25, 2016

Delaware State Fire School - *Registration Form*

COMPLETE FORM, PRINT TO OBTAIN AUTHORIZED SIGNATURES, AND RETURN TO DELAWARE STATE FIRE SCHOOL BEFORE DEADLINE.

Fill in class information:

Course Name: Escaping Violent Encounters

Dates Attending: April 09, 10, 2015

Class Times: 8:00 am - 5:00 pm

Deadline to Sign-Up: March 25, 2016

Delaware State Fire School
1461 Chestnut Grove Road
Dover, DE 19904

Phone: 302-739-4773
Fax: 302-739-6245
www.statefireschool.delaware.gov

Location: DSFS - SUSSEX COUNTY

I meet the Course Prerequisite ◯ YES ◯ NO

Attendee Information

Last Name: Jr./Sr.	
First Name, Middle	
Address:	
City, State, Zip	
Last 4 Digits SSN:	
Date of Birth:	
Contact Phone:	
E-Mail:	
Date Joined Fire Service:	
Sponsoring Organization:	

Sex: ◯ Male ◯ Female

Ethnic Origin: (Optional)

Payment Information

Tuition: $175.00

◉ **Check payable to Delaware State Fire School**

◯ **Invoice (DE Fire Companies Only)**

◯ **Credit Card** **Select Type:**

Card Number:

Expiration Date:

Cardholder Name:

PRINT COMPLETED FORM, OBTAIN SIGNATURES

CANCELLATION POLICY: **Cancellations for students registered for this course must be received by the Fire School no later than noon the Wednesday before scheduled class date. Cancellations received after the deadline may be assessed a fee or payment of class tuition.**

ATTENDEE SIGNATURE: **The Delaware State Fire School will provide instruction in emergency response training and related skills under carefully selected instructors. In accepting instruction, you agree to the condition that the Delaware State Fire School assumes no responsibility other than the opportunity to learn. I understand that the payment for the course tuition and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization. In the event no sponsoring organization is given and no signature is obtained, I accept this responsibility. I certify that I do not have any physical or other condition that will prevent me from actively participating in this course. By enrolling in this course, I also agree that the Delaware State Fire School may authorize the taking of photographs or movies or similar reproductions and may use them in either a commercial or noncommercial manner. At the sole discretion of DSFS and I hereby waive any objection to this activity and authorize use of my picture. In accepting enrollment for this course, the Delaware State Fire School is herby relieved of liability.**

ATTENDEE SIGNATURE **Date**

AUTHORIZED SIGNATURE IS REQUIRED OF SPONSORING ORGANIZATION:

By signing this form I am certifying that the individual taking training does not have any physical and/or other conditions that would prevent them from actively participating in all portions of this course. I understand that payment for the course and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization.

Authorized Signature of Sponsoring Organization **Print Name** **Date**

Sponsoring Organization **Title** **Contact Phone Number**