



# SHAKER PINES FIRE DEPARTMENT PARENT / GUARDIAN CONSENT FORM

## SECTION 1 – Information:

- Members Name(Proposed):

\_\_\_\_\_

Last First M

- Members Parent / Guardian Information:

\_\_\_\_\_

Last First M

- Address: \_\_\_\_\_

- Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

- Emergency Notification:** In case of emergency, if person named in #2 is not available who should be contacted and where can they be reached.

Full Name:

\_\_\_\_\_

Company:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

- In the event of medical emergency, which hospital should the proposed member be taken? \_\_\_\_\_

## SECTION II: Consent & Acknowledgement:

I, the above named parent/guardian by signing below hereby acknowledge:

- That I have reviewed the Cadet program Rules & Regulations for the Shaker Pines Fire Department.
- That I accept the terms and conditions of membership stated for the Cadet Program.
- That I give full consent to my son/daughter named above to become a Member of the Shaker Pines Fire Department and participate in the Cadet Firefighter program.
- That I understand there are inherent life/health safety risks involved in fire/emergency response(Fire Department) services which my son or daughter may be exposed to in the course of his/her involvement in this program and every effort will be made to ensure his/her safety.
- That I understand that my son/daughter is covered by the Fire Department accident and injury insurance while performing duties in official capacity as a Cadet Member.

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

(Parent / Guardian)