



# Rapids Volunteer Fire Company, Inc.

7195 Plank Road Lockport, New York 14094

Main Hall: 716-434-4502 / fax: 716-434-4347

Sub Hall: 716-434-6506 / fax: 716-434-3663

## Junior Firefighter Applicant Release Form

I \_\_\_\_\_ parent/guardian of Rapids Vol. Fire Co. Junior Firefighter member do hereby give my son/daughter permission to participate in Venture Crew activities. I have reviewed and signed the parent/guardian section of the Junior Firefighter Standard Operation Procedure (SOP) which establishes safety procedures to be followed by my son/daughter while at Rapids Vol. Fire Co. or at a Rapids Vol. Fire Co. sponsored event.

In event of illness or injury occurring to my son/daughter while involved at any Rapids Vol. Fire Co. event I consent to examination and treatment procedures considered necessary in best judgment of the attending physician and performed by or under the supervision of the medical staff of the hospital furnishing care. It is understood that in the event of a serious illness or injury reasonable efforts will be made to reach me.

Please list any medical conditions or allergies to anything (food, bee stings, medications, etc.) that we should be aware of

\_\_\_\_\_  
\_\_\_\_\_

Please list any medications that your son/daughter is on a regular basis:

\_\_\_\_\_  
\_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Personal Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

(Only if your son/daughter is stable enough to be transported there. If not will be taken to closest hospital.)

Emergency Contact Person: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date