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# EXPLORER/Jr. FF PERMISSION FORM

State Fire Rescue Training Area 9 Policy: This form must be submitted for all **EXPLORER/Jr. FFs UNDER 18 YEARS OF AGE**. In addition, there is a **ZERO TOLERANCE POLICY** for any person exhibiting disruptive or disrespectful behavior. In the event of an incident, the parents (guardian) and the fire chief of the student will be contacted.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of class: \_\_\_\_\_

## STATEMENT OF PARENTAL CONSENT

I, \_\_\_\_\_, as parent or legal guardian of the above named student, do hereby give permission for my son or daughter to participate in Kentucky fire service training. I understand that some classes require a certain level of basic education, experience and ability and that by signing this form, I attest that I have evaluated my dependent's ability to perform. My signature also acknowledges that I understand the **zero tolerance policy** of SFRT Area 9 concerning disruptive or disrespectful behavior (above) and I understand that my son or daughter will be removed from class if found to be in violation of this policy.

Relationship to Student: \_\_\_\_\_

Signature of Parent or Guardian (Not valid without Signature) X \_\_\_\_\_

Signature of Fire Chief or Advisor (Not valid without Signature) X \_\_\_\_\_

## Emergency Contact Info:

Parent/Guardian: \_\_\_\_\_ Phone Number \_\_\_\_\_

Fire Chief/Advisor: \_\_\_\_\_ Phone Number \_\_\_\_\_

Fire Dept Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

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