

Marion Volunteer Fire Department
P.O. Box 490
Marion, TX 78124

EMERGENCY MEDICAL AUTHORIZATION:

As parent or legal guardian of _____, I furthermore give permission to Marion Volunteer Fire Department and its employees and volunteers to obtain emergency medical treatment for my child or the child over whom I have legal custody, each of whom is listed above. I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child listed above. If I cannot be reached, the Marion Volunteer Fire Department will exercise reasonable judgment in seeking medical treatment for my child.

My child has the following medical conditions:

My child has the following allergies:

My child is on the following medicines:

Signature: _____ Date: _____

MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN THE MARION VOLUNTEER FIRE DEPARTMENT JUNIOR FIREFIGHTER PROGRAM SPONSORED BY MARION VOLUNTEER FIRE DEPARTMENT. I understand that there are certain risks involved with participating in the activity identified above. On behalf of my minor child identified below, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS MARION VOLUNTEER FIRE DEPARTMENT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from any incident which may occur to my minor child as a result of my minor child's participating in the programs activities.

Signature of parent or guardian

Printed name of parent or guardian

Printed name of minor child