



## *Bellmore Fire Department*

7020 E. US Hwy 36 \* Rockville, Indiana 47872 \* (765) 344-0188

---

# **AUTHORIZATION FOR EMERGENCY TREATMENT**

Cadets Name: \_\_\_\_\_

Please print

This is to authorize Bellmore Fire Department to provide emergency medical care and treatment during the time frame of being in the Cadet Program.

Every reasonable effort will be made to contact me and/or our family if such action is necessary.

\_\_\_\_\_  
Name of Parent/Guardian (Please print)

Cadet's Allergies or Special Medical Conditions

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

### **EMERGENCY CONTACT INFORMATION:**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_