

WARSAW JUNIOR FIREFIGHTER APPLICATION

NAME: _____

ADDRESS: _____

DATE OF BIRTH: ____/____/____

MALE/FEMALE (circle one)

SOCIAL SECURITY NUMBER: _____ - _____ - _____

HOME PHONE NUMBER: (____) ____ - _____

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____

PARENT/GUARDIAN EMPLOYER'S NAME: _____

EMPLOYEEER'S ADDRESS: _____

WORK PHONE NUMBER: (____) ____ - _____

IN CASE OF AN EMERGENCY, I HEREBY GIVE PERMISSION TO LET THE ABOVE APPLICANT TO BE MEDICALLY TENDED TO.

PARENT SIGNATURE: _____

DATE: _____

HEALTH HISTORY

Does the above applicant have or subject to (circle all that apply):

Asthma

Fainting Spells

Convulsion

Heart Problems

Diabetes

Bleeding Disorders

Allergy to any medication, food, plants, animals or insect toxins: _____

Any condition that may require special care, medication, or diet: _____

Explain: _____

Check here if none of the above applies: _____

Any Condition now requiring regular medication(s): _____
Name of Medication(s): _____

Any restriction of activity for medical reasons: _____
Explain: _____

Name of applicant's physician: _____

Note Written permission is required for Explorers to remain (fire scene, drills, activities, etc.) until 11 p.m. on non-school nights. Otherwise the 9 p.m. curfew will be enforced (as it is on school nights). Please include authorization with this application.

Thank you.