



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: _____