

TRI-COMMUNITY AMBULANCE - EXPLORER POST 715

REGISTRATION INFORMATION:

Today's Date: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ ZIP _____

SCHOOL: _____ GRADE: _____

HOME PHONE: _____ CELL PHONE: _____ PAGER: _____

E-MAIL ADDRESS: _____

Mother's Name: _____ Work Phone: _____ Alternate Phone: _____

Father's Name: _____ Work Phone: _____ Alternate Phone: _____

What is your interest with being a member of Tri-Community Ambulance Explorer Post?

Parent or Guardian Approval:

1. I, _____ parent/guardian of Tri-Community Ambulance Service Explorer Post-715 do hereby give my son/daughter permission to participate in Explorer Post Activities. I have reviewed and signed the Parent-Guardian Permission section of the Explorer 3rd Person SOP which establishes Safety Procedures to be followed while my son/daughter rides on a TCAS Ambulance observing/assisting its crew members.

2. In the event of illness or injury occurring to my son/daughter while involved at any TCAS Explorer Post Activities. I consent to examination and treatment procedures considered necessary in the best judgment of the attending physician and performed by or under the supervision of the medical staff of the hospital furnishing care. It is understood that in the event of a serious illness/injury. Reasonable efforts will be made to reach me.

- Please list any Medical Conditions or Allergies to anything (food, bee stings, medications):
- we should be aware of:
- Medications on a regular basis:
- Insurance Company: _____ Policy #: _____
- Personal Doctor: _____ Phone #: _____
- Preferred Hospital: _____ (Only if son/daughter is stable enough to be transported there. If not will be taken to closet hospital)
- Emergency Contact if parent/guardian not available: _____

Signature: _____ Date: _____