

Suffolk County Fire Academy

Technical Rescue

Training Authorization Letter

To the Suffolk County Fire Academy:

The student listed is an active member of _____ Fire/EMS/Police Department, is at least 16 years of age, and is authorized to attend the training indicated below. I understand this training may contain certain evolutions that simulate and/or create actual technical rescue conditions. The Suffolk County Fire Academy is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

Fill in YES and DATE	YES	DATE
The student listed below is authorized to attend the training indicated.		
The student listed below has medical clearance to use Self Contained Breathing Apparatus, (SCBA), in accordance with 29 C.F.R. part 1910.134.		
The member listed below is authorized to use SCBA and participate in technical rescue evolutions.		N/A

Print _____ Chief's _____
 Chief's Name Signature Date

Course Information

Course _____ Course _____
 Record # **N/A** Title **TECHNICAL RESCUE TRAINING DAY**

Student Information

Last _____ First _____ MI _____
 Name

Address _____ City _____ State _____

Home _____ Work _____
 Phone () Phone () Zip _____

I, _____, have read, fully understand and agree with above information. I understand and acknowledge the importance of safety during the training course and further acknowledge that if an instructor believes that my behavior or abilities may cause a safety risk to myself or another, the instructor has the authority to remove me from the simulation or course.

SIGNATURE OF FIREFIGHTER _____
DATE

And, if firefighter is 16 or 17 years old, the following consent must be provided:

I, _____, parent or legal guardian of _____ consent to his/her participation in the training listed above. I have read, fully understand, and agree with the above information. I understand and acknowledge that safety is important during the training course and further authorize the instructor to remove _____ from the simulation or course if the instructor believes that his/her behavior or abilities may cause a safety risk to himself/herself or another.

SIGNATURE OF AUTHORIZED LEGAL GUARDIAN _____
DATE

PRINTED NAME _____
RELATIONSHIP TO FIREFIGHTER

Please note: No persons under the age of 16 may attend or participate in any training course delivered by the Suffolk County Fire Academy.