

Stone Creek Valley Volunteer Fire Company; Company 19
Junior Membership* Release Form

5470 McAlevy's Fort Road
Petersburg, PA 16669

Emergency Phone - 911
Station Phone 667-2505

Company Approvals:

President	Date	Chief	Date
------------------	-------------	--------------	-------------

***See SCVVFC By-Laws: SECTION 4.0 MEMBERSHIPS AND VOTING**
for description of junior status.

To assure the safety of its junior members*, SCVVFC is requiring the parent/guardian of junior applicants to provide the following information.

Section One - PERSONAL Information

Date _____	Emergency Contact:
Applicant Name _____	Name: _____
DOB _____	Relationship to applicant: _____
Address _____	Home Phone _____
_____	Work/Other Phone: _____
_____	Gender _____ M _____ F
Home Phone _____	Driver's License Number _____
Cell Phone _____	E-mail _____

Section Two – Health Information

(Please state the facts in connection with the following):

1. Describe any condition requiring medication as a treatment: _____

2. List any medications prescribed by your family doctor for the junior member applicant to take on his/her own while performing their duties with SCVVFC: _____

3. List any allergies the junior member applicant has to the following and typical reaction (rash, airway constriction, etc.) to exposure/ingestion:

To medications: _____

To foods: _____

To environmental triggers: _____

4. Any surgery in the past year? **YES - NO - N/A (circle one)** If yes, describe: _____

5. Name of Family Physician: _____ Phone (____) _____

Indicate health history information below: A check means YES.

Please explain any checks in the space provided.

- 1 Respiratory – asthma, TB, persistent cough, etc
- 2 Heart problems – high/low blood pressure, rheumatic fever, etc.
- 3 Stomach or intestinal problems – ulcers, hernia, colitis, etc.
- 4 Eye, ear, nose, or throat problems – hay fever, ear infections, impaired sight or hearing, etc.
- 5 Nervous disorder– convulsions, dizziness, etc.
- 5 Skin diseases
- 5 Emotional or mental disorders
- 5 Recent exposure to contagious diseases
- 5 Currently under a doctor’s care
- 5 Physical limitations
- 5 Kidney, gall bladder, or liver disease
- 5 Diabetes or hypoglycemia
- 5 Muscular-skeletal – arthritis, recent fractures
- 5 Approximate date of last physical exam:

Please explain any checked areas: _____

Immunization Information

Diphtheria: _____	Pertussis: _____	Poliomyelitis: _____
MMR : _____	Other: _____	Other: _____
Date (required) of last tetanus injection _____		

Any treatment to be continued: _____
 Any medications to be administered (specific dosages). All medications brought to SCVVFC activities must be in original containers. _____

Any other information and/or special accommodations SCVVFC leadership needs to know about this applicant: _____

Section Three – Parental Authorization for Emergency Medical Care
MUST BE SIGNED BY PARENT/GUARDIAN

If medical information contained on this document changes, I agree to notify SCVVFC. I hereby authorize members of SCVVFC, in the event of an emergency involving the applicant which requires immediate action, and in the event that parent/guardian cannot be reached, to administer emergency medical care as defined in the scope of practice of their level of training. I also authorize the hospital attending physician or other health care specialist, in the event the applicant is transported to an emergency department, to release pertinent information to the insurance company assuming coverage for the same.

_____	_____	_____
Parent/Guardian Signature	Printed Name	Date

Insurance Company Name: _____ **Policy Number:** _____

Insurance Company Address: _____

Insurance Company Phone: _____ **Subscriber Name:** _____