

Estherville Fire Department

27 S 5th St, Estherville, IA 51334

Estherville Fire Student Firefighter

Consent Form

For

Student Firefighter Program Participants

,_____(Parent/Guardian) give full permission for

________ son/daughter to participate in the Student Firefighter Program under the supervision of the Estherville Fire Department, Fire Chief and all ranking officers as well as Estherville Lincoln Central School District at all times while participating or assisting in any fire department activities. Before being accepted into the student firefighter program, the applicant and parent/guardian must attend the orientation meeting with the fire department. This meeting will detail what is allowed and expected of each student firefighter.

It must be understood it is the sole responsibility of each parent/guardian to carry proper insurance for their son/daughter whether it be primary insurance or accidental insurance. The City of Estherville's insurance carrier Iowa Municipalities Workers' Compensation Association (IMWCA) will cover Student Firefighters. The Estherville Lincoln Central Community School District **DOES NOT** carry insurance on students for this program or purpose.

The Estherville Fire Department will foster this program to shape and mold young firefighters in hopes of a volunteer career of service to our fire department or other departments in the fire service as well as in a community they will be living in someday. We place high importance on satisfactory performance in their public or private education.

Mid and End of Quarter grades will be submitted to the Fire Chief and if at anytime your child has less than satisfactory progress at school the Fire Company will take action, which may lead to dismissal from the program.

Parent/Guardian	Date
Student	Date
Fire Chief	Date
High School Principal	Date