

# MacBoston 18 Truck Training Authorization Letter

The firefighter listed below is an active member of \_\_\_\_\_ Fire Department, is at least 16 years of age, and is authorized to attend the course indicated below. I understand this training course may contain certain evolutions that simulate and/or create actual firefighting or rescue conditions. MacBoston 18 Truck is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

**Please print all information**

Fire Chief Authorization					
Fire Department		FDID #		Date	
Fill in YES or NO			YES	NO	
The firefighter listed below has medical clearance to use Self Contained Breathing Apparatus (SCBA) in accordance with 29 C.F.R. part 1910. 134.					
The firefighter listed below is authorized to use SCBA and participate in interior/exterior firefighting evolutions.					
If you cannot answer the questions above because you do not know the requirements of 29 C.F.R. Part 1910 or do not know whether the firefighter listed below is authorized to use SCBA, please contact your County Fire Coordinator.					
Print Chief's Name		Chief's Signature			
Student Information					
Last Name		First		MI	
Address		City		State	
Home Phone	( )	Work Phone	( )	Zip	

I, \_\_\_\_\_, have read, fully understand and agree with the above information.

Print name of firefighter

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 \_\_\_\_\_

Print name of parent or legal guardian

Print name of firefighter

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.

Print name of firefighter

\_\_\_\_\_  
Signature of authorized legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to firefighter