



Peach County Fire Department
Consent Form

Explorer Information:

First Name _____ Last Name _____ Middle initial _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent information:

Parent/Guardians: I hereby approve and agree to all of the terms, conditions and waivers of claims of the CONSENT FORM and certify its correctness. Further, I agree that my child can meet the health and physical fitness requirements need to be an explorer.

Medical Release: In the event of illness or injury occurring to my son or daughter while involved in Explorer activities, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures of treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital providing medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance Company: _____ Policy No. _____

Physician: _____ Telephone: _____

Parent/Guardian: By signing this form, I agree to its terms and conditions.

Print Name: _____ Date: _____

Signature: _____