



107 Washington Ave, Suite M1 | Albany, NY 12210-2269
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Youth Day Authorization Form

Youth Name: _____

Parent or Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cellphone: _____

I give my permission as follows:

- My son/daughter has my permission to participate in Youth Day Training without any restrictions or limitations.
- My son/daughter has my permission to participate in Youth Day Training with the follow restrictions and/or limitations.
(Please Explain)

- My son/daughter DOES NOT have my permission to participate in Youth Day Training.

Emergency Contact: In case of an emergency, every effort will be made to contact me. If I cannot be reached, you may contact the person listed below:

Name: _____

Phone: _____ Relationship: _____

An advisor must be present with all participants and must provide appropriate medical authorization forms for each participant. Medical forms are available your fire department.

In the event I cannot be reached, I herby give permission to the licensed health care practitioner selected by the adult leader in charge of the post/department to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child.

Parent or Guardian Signature & Date

Advisors Signature & Date