



Heavy Rescue Incorporated
P.O. Box 50249
New Bedford, MA 02745
1-866-323-6111
www.heavyrescueinc.com

MEDICAL AUTHORIZATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Department Phone: (____) _____ - _____

*** If department sponsored**

The above named student planning to attend live fire or technical rescue training programs has no known medical or physical conditions which would prevent participation in any or all of the physical activities which may be required by the course.

Chief of Department Signature

Date

OR

Physicians Signature

Date

*** If not Department Sponsored**

I am planning to attend live fire or technical rescue training programs and have no known medical or physical conditions which would prevent participation in any or all of the physical activities which may be required by the course.

Student Signature

Date