

**TRURO FIRE RESCUE
344 ROUTE SIX P.O. BOX 2013
TRURO, MASSACHUSETTS 02666**

**E. Thomas Prada
Fire Chief**

**Telephone
508-487-7548
Facsimile
508-487-6708**

**TRURO JUNIOR FIRE DEPARTMENT
PARENT PERMISSION SLIP**

I, _____ Give Permission for

To join the Truro Junior Fire Department. I further understand that he/she will be assigned to a piece of apparatus and respond to incidents. At the incident scene he/she will be supervised by an officer of Truro Fire Rescue. The junior member will not actually fight fires, or be exposed to potentially dangerous situations. I also understand that the junior member will be covered by the Town of Truro's insurance plan.

Parent/Guardian Signature: _____

Address: _____

Phone Number: _____

Date: _____

**GO#115: JUNIOR PERMISSION SLIP
EFFECTIVE 09-29-98**