



PARSIPPANY VOLUNTEER AMBULANCE SQUAD
JUNIOR SQUAD
PO Box 6024
PARSIPPANY, NJ 07054

PARENTAL CONSENT:

To the Parsippany Volunteer Ambulance Junior Squad Advisors and Captain:

I hereby give permission for my son/ daughter, _____,
to become an active riding member of the Parsippany Volunteer Ambulance Squad Organization. I attest to the fact that he/ she is at least sixteen years of age and is capable of fully serving the functional role of a volunteer first aider, otherwise known as a Prehospital Care Provider, unless otherwise noted on the back of this form. The duties which my son/ daughter will assume are those of a professional. While my son/ daughter is a member of the Parsippany Volunteer Ambulance Squad, I understand that he/ she will be expected to respect patient confidentiality, ride a minimum of four (4) hours a week, attend regularly-scheduled drills, meetings, and functions; find coverage in the event a shift cannot be filled, report to and remain at the building from ten minutes prior to the beginning of the shift until the termination of the shift, and respect the commands and directions of the Senior Officers and Lieutenants. Furthermore, I will maintain contact with the Junior Squad Advisors or Captain if I should see any negative repercussions (academically, physically, or emotionally) as a result of my child's involvement with the Squad Organization and understand that counseling is available through the New Jersey State Office of Emergency Medical Services, if so warranted. I will make immediate report to the Squad Advisors of any unusual circumstances so that the appropriate action(s) may be taken. My signature below confirms my agreement to the above terms.

PARENT/ GUARDIAN: _____

SIGNATURE: _____

DATE: _____

(Please list any additional comments or remarks on the back of this sheet.)



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OPTIONAL PARENTAL CONSENT:

I hereby give permission for my son/ daughter, _____,
to extend his/ her duty shift by one (1) hour, to the latest 11:00 pm, on non-school nights,
provided additional permission is granted by the respective Duty Lieutenant.

PARENT/ GUARDIAN: _____

SIGNATURE: _____

DATE: _____