

ORLAND FIRE

PROTECTION DISTRICT

Semper Paratus Servio



CADET PROGRAM

Emergency Information Sheet

Please clearly print all information

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____

In case of emergency, whom shall we contact?

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Medical Conditions

- _____ Cardiac/Heart
- _____ Asthma/Respiratory
- _____ Stroke
- _____ Diabetes
- _____ Vision/Hearing
- _____ Other _____

Do you have any allergies? _____ Yes _____ No Allergic to what? _____

Note: Certain activities throughout the Cadet Program may involve a moderate degree of physical exertion. It is recommended that participants with any of the above mentioned conditions check with their physician prior to participating in the program. Participation in any portion of the program is purely voluntary and shall not be considered a requisite for acceptance.