



Erie County Department of Homeland Security & Emergency Services Training Authorization Letter

The student listed below is an active member of the agency indicated below, is of proper age for the listed course, and is authorized to attend the indicated course below. I understand this training may contain certain evolutions that simulate and/or create actual law enforcement, firefighting, medical, or rescue conditions. Erie County is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

Please Print All Information

Course Information						
Course Name					Start Date	/ /20
Course Location					Course Number	
Student Information						
By signing below, the student certifies that they have completed all required pre-requisite requirements as stated in the course announcement, that they are physically and mentally prepared to perform the course objectives, and that they acknowledge the importance of adhering to all safety measures required during the course and while at the training location. Failure to adhere to safety, physical, or health standards before and during training may result in my dismissal from the training course and potentially result in appropriate disciplinary action.						
Last Name			First Name			MI
Address						Unit
City			State		ZIP	
Email					Phone	
NY LMS Training ID			FEMA SID (if applicable)			
Check all applicable	☐ Self-Contained Breathing Apparatus (SCBA) Clearance {per 29 C.F.R. part 1910.134} ☐ Firefighter Medical Clearance {per Executive Law 159-d}					
Student Signature				Date:		
Agency Information						
By signing below, the agency representative certifies that they are authorized to provide consent and understand that the agency is responsible for any applicable compensation and/or insurance requirements mandated by the agency. Erie County shall not provide compensation nor insurances outside of established contractual agreements (including but not limited to Collective Bargaining Agreements). Any equipment provided by an agency is the sole responsibility of the providing agency and Erie County will not be held liable for any damage or loss to non-county equipment.						
Agency Name				☐ FDID ☐ DOH/EMS ☐ DCJS	Date	/ /20
Authorized Rep (print)				Authorized Rep (sign)		

Under 18 Guardian Consent Section

The undersigned parent or legal guardian of _____ consent to their participation in the training listed above. I have read, fully understand, and agree with the above information. I understand and acknowledge that safety is important during the training and further authorize the instructor to remove the student from the evolution or course if the instructor believes that their conduct or abilities may cause a safety risk to them or another.

PRINTED NAME OF LEGAL GUARDIAN (First, MI, Last)

SIGNATURE OF LEGAL GUARDIAN

/ /20

DATE