



Firefighter for a Day Toolkit

Information and Health Questionnaire

(Insert Name) Fire and Rescue Service has invited your child to take part in 'Fire Fighter For A Day'. It is important that both you and your child read the following information carefully then sign and return the form attached to:

(Insert Address)

The day will involve various physical and practical activities whilst working alongside the fire fighters.

Full instructions will be given in the correct method of undertaking these activities and safety instructions will also be provided. These instructions must be adhered to ensure the safety of all taking part. The activities will all be based at the above location. The lead instructors for the day will be (insert name(s)).

Please note the following:

1. Your son/daughter should arrive at the fire station by 9:00am prompt. The day will end at approximately 3:30pm.
2. It is important that your son/daughter arrives on time as lateness can cause disruption and may result in your child being unable to participate.
3. The day will be planned and run by a responsible person and those attending will receive appropriate instructions and supervision during the day.
4. We will ensure that those attending do not operate any equipment or machinery without full supervision. We will also ensure that protective clothing/equipment is supplied where appropriate.
5. We will ensure that those attending do not carry out tasks of an unsuitable nature.
6. The event will last no more than 7 hours including a lunch break.
7. Please provide a packed lunch for your child. Tea, coffee and light refreshments will be available during the day, supplied by the Fire Service
8. We would also recommend your child comes with a change of clothing and a clean pair of socks.



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9. (Insert responsible body) has full Employer's liability insurance to cover against accident or injury caused to those attending through negligence by the employer or another employee. (Insert responsible body) is also insured against liability for loss, damage or injury caused by visitors to our property, other employees or a third party, whilst on the 'Fire Fighter for a Day' activity.
10. (Insert name) Service will ensure that all legislation relating to Equal Opportunities and Health and Safety is adhered to.
11. In the case of absence, accident or sickness, we will notify the next of kin.



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Parental Consent Form

Name: _____

Age & date of birth: _____

Date/s attending: _____

Please answer the following: Is the above named		YES	NO
a)	Currently taking any form of medication?		
	If YES , please give details:		
b)	Undergone surgery within the last year?		
	If YES , please give details:		
c)	Suffer from any complaint which may cause a hazard either to		
	Him/herself or to those working with him/her?		
	If YES , please give details:		
d)	Suffer from any food allergy that may result in a severe reaction		
	If YES , please give details		
d)	Suffer from any respiratory condition? i.e. asthma		
	If YES , please give details:		
e)	Do you object for any photographs that may be taken of your child/children to be used for publicity purposes?		
In the event of an emergency, please state the name, address and telephone numbers of who should be contacted			
Name:			
Address:			
Home No:		Mobile No:	
		Work No:	
Please confirm that you accept this statement by signing and returning this form immediately to your parent, guardian or youth worker			
Name:		Date:	
Parent/Guardian:		Date:	