

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT



**Tour of Duty**  
**Permission Form for Ages 5 – 17**

I, \_\_\_\_\_, being the parent or legal guardian of  
\_\_\_\_\_, who is \_\_\_\_\_ years of age, give  
permission for him/her to participate in the East Lake Tarpon Special Fire Control  
District's Tour of Duty program.

\_\_\_\_\_

I grant permission for the East Lake Tarpon Special Fire Control District to render care  
and/or see to it that my child receives appropriate medical care from a certified  
agency/hospital.

\_\_\_\_\_  
Signature (Parent or Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Witness)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (District Chief)

\_\_\_\_\_  
Date

*\*Disclaimer:* This form is for the confidential use for the Tour of Duty 2011 and will be  
maintained by the records custodian of the District in accordance with Florida State  
Statute 119.07.