PRINCETON POLICE DEPARTMENT

PARENTAL PERMISSION AND MEDICAL DATA FORM

I hereby give permission for my child _____ to participate in the
Please print child's name

Princeton Youth Police Academy. I also give permission for my child to receive any medical or surgical care necessary from a physician, hospital, or emergency squad. I understand that every reasonable attempt will be made to notify me prior to treatment and I give permission for the physician or hospital to treat my child in the event I am not able to provide consent.

MEDICAL INFORMATION AND DATA

Insurance Company Name: _____

Insurance Company Policy #:_____

Child is allergic to the following: _____

_____

Special medical problems of child: _____

_____

Hospital preference: _____

Emergency Contact: _____ Phone # _____

Emergency Contact: _____ Phone # _____

My child is permitted to: Ride a bicycle home _____ Yes _____ No

Walk home _____ Yes _____ No

Has your child previously attended the Youth Academy? ____ Yes ____ No

Signed: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone_____

Cell Phone or Pager: _____ Email:_____

Forms must be completed and returned to the Princeton Police Department by May 23, 2016