

# JUNIOR POLICE ACADEMY

July-August 2017

Dear Junior Police Academy Participant,

Please return the "**Medical Information**" form at the bottom of this notice, when you turn in your completed Junior Police Academy application. **REGISTRATION APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A COMPLETED MEDICAL FORM.** A new Medical Form must be filled out each year.

The Junior Police Academy begins at **9:00 a.m.** and ends at **3:00 p.m.** Please make necessary arrangements to depart at 3:00 p.m. Although we hope to have no use for it, secondary accident insurance is provided.

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PLEASE RETURN with CAMP APPLICATION TO: Middletown Recreation Dept., 47 Academy Avenue, Middletown, NY 10940

## MEDICAL INFORMATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# {home} \_\_\_\_\_ {work} \_\_\_\_\_ {cell} \_\_\_\_\_

Current Confidential Medical History – Please write just the **MOST RECENT DATES** on the below lines.

**PLEASE** provide a valid copy of child's **Birth Certificate**.

IMMUNIZATION AGAINST	DATE IMMUNIZED mo./date/yr.	IMMUNIZATION AGAINST	DATE IMMUNIZED mo./date/yr.
Varicella( <b>Chicken Pox</b> )	____/____/____	Haemophilus influenza type B	____/____/____
Diphtheria/Tetanus ( <b>DTP</b> )	____/____/____	Measles/Mumps/Rubella( <b>MMR</b> )	____/____/____
Poliomyelitis( <b>OPV</b> )	____/____/____	Hepatitis B	____/____/____

**OTHER MEDICAL INFORMATION, RESTRICTIONS, MEDICATIONS (ALLERGIES, BEE STING, ASTHMA, ETC.):**

### NAME, ADDRESS, & PHONE NUMBER OF RESPONSIBLE PERSON TO CONTACT IN CASE OF EMERGENCY

**NAME**

**ADDRESS**

**PHONE#**

1. \_\_\_\_\_

2. \_\_\_\_\_

**PARENT or GUARDIAN'S CERTIFICATION:** I certify that the applicant named above is in good health and has my permission to participate in the **2016 MIDDLETOWN JUNIOR POLICE ACADEMY** & be transported by Mid-City Bus to program locations as needed. I also certify that I understand and acknowledge that I will be required to pay a late pick-up fee of \$25.00 if I fail to pick-up my child at the designated pick-up time stated on the registration form.

Signed: \_\_\_\_\_