



Wabash Police Department Teen Academy Registration and Emergency Medical Information

Student:

Student's Name: _____ Birth Date: _____

Address: _____ Home Phone: _____

T-Shirt Size: _____ School Email: _____

Parent/ Guardian:

Parent(s) (relation): _____ Work Phone: _____ Cell Phone: _____

Parent(s) (relation): _____ Work Phone: _____ Cell Phone: _____

Name of relative, close friend, or neighbor to be contacted if parents cannot be located:

Name (relation): _____ Phone: _____

Medical Information:

Family Physician: _____ Phone #: _____

Family Dentist: _____ Phone #: _____

Health Alert (diabetic, allergies, medication allergy, asthma, etc.): _____

Medicine(s) Presently Taking: _____

Hospital Preference: _____

Primary Insurance Company: _____

Phone: _____ Policy Holder's Name: _____

ID Number: _____ Group Number: _____

In the event that an emergency arises during the Teen Academy, an effort will be made to contact the parents or guardians as soon as possible. If the parents or guardians cannot be reached, permission is hereby granted to the attending physician to proceed with any emergency medical or minor surgical treatments, x-ray examination, and immunizations for this student. In the event of serious illness, significant injury, or the need for major surgery, the attending physician will attempt to contact the parents or relatives. If the physician is not able to communicate with the parents or relatives, the treatment necessary for the best interest of this student may be given. Permission is also granted to the Wabash Police Teen Academy officers to provide the needed emergency treatment to the student prior to the admission to the medical facilities.

Parent/Guardian Signature

Date

Student Signature

Date