



## 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