

# Medical Information Student Police Academy

Students Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student health condition is:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Take any medications? \_\_\_\_\_

\_\_\_\_\_

Any Physical Restrictions? \_\_\_\_\_

\_\_\_\_\_

EXPLAIN ANY AND ALL HEALTH CONDITIONS ( EXAMPLE:  
ASTHMA, ALLERGIES,etc) LIST BELOW:

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

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

3. \_\_\_\_\_

I fully understand that the Student Police Academy will be physically and mentally demanding. I understand the purpose and concept of the program.

Parent or legal guardian signature:

\_\_\_\_\_ Date \_\_\_\_\_