

Benicia Youth Citizen's Police Academy Emergency Form

Child's Name _____
Last First Middle

Child's Birth Date _____ Home Address _____
Street City

Parent 1/ Guardian Name _____ Phone _____

Agency Where Employed _____ Work# _____

Parent 2/ Guardian Name _____ Phone _____

Agency Where Employed _____ Work# _____

Person to notify (other than parents) in case of emergency:

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

Please list any persons (other than parents) you give permission to pick up your child:

1. 4. 7.

2. 5. 8.

3. 6. 9.

Family Physician _____ Phone _____

Medical Insurance Co. _____ Policy _____

Hospital to which child should be transported if necessary _____

Is your child currently on medication? YES NO If yes, what? _____

Is your child allergic to anything? YES NO If yes, what? _____

Other information we should know (fears, special needs, etc.)

MEDICAL AUTHORIZATION

In case of medical emergency, I understand that every effort will be made to contact parents or guardians. In the event that I cannot be reached, I hereby give the City permission to contact the following physician:

Physician Name _____ Physician Phone Number _____

If the above named physician is unavailable, I hereby authorize any adult employee or volunteer of the (Police Department) into whose care minor child has been entrusted, to consent to any emergency x-ray examination, anesthetic dental or surgical diagnosis or treatment or hospital care to be rendered to said minor by a licensed physician (M.D.), dentist (D.D.S.), or qualified emergency personnel.

Parent/ Guardian Signature _____

Date _____