



Junior Police Academy

Youth Program Emergency Information and Transportation Authorization Form

March 27-31, 2017

I give Miami Township Police Department representatives my permission to transport my child, _____, to the nearest available medical/dental facility for emergency medical care. (This form does not authorize or guarantee treatment upon arrival at the designated facility, as each facility sets their own treatment procedures.)

I grant permission for my child to participate in all activities, including field trips with transportation provided by Miami Township Police Department in connection with the program(s) in which I have enrolled by child.

Parent Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Mother's Name: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Allergies / Medical Conditions: _____

