

Emergency Contact and Medical Information for Waterloo Police/S.A.E.S.A Fire Explorers

Child's Name	Date of Birth	M	F
Sex			
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Work Phone
()	()
Home Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations Blood Type	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
<p>I give permission for my child to go on trips, outings, and training. I release Waterloo Police Department and individuals from liability in case off accident during activities related to the Waterloo Police Department/ Explorers as long as normal safety procedures have been taken.</p>	
Parent's/Guardian's Signature	Date
Witness Signature	Date

