



Junior Police Explorer's (JPE) Registration Form

Child (Print)

First Name: _____ **Last Name:** _____ Male Female Birth Date ___/___/___

School Name: _____ **Age:** _____ **Grade:** _____

Mailing Address: Town: _____ **State:** _____ **Zip:** _____ **Best Email Contact:** _____

| Parent/Guardian | Relation to Child | Date of Birth | Emergency Contact? Y/N | Authorized Pick-up? Y/N | Home # | Cell # | Employer | Work # |
|-----------------|-------------------|---------------|------------------------|-------------------------|--------|--------|----------|--------|
| | | | | | | | | |
| | | | | | | | | |

Please circle the best number(s) to contact you during 4-6pm.

Additional:

| Name: | Relation to Child | Date of Birth | Emergency Contact? Y/N | Authorized Pick-up? Y/N | Home # | Cell # | Work # |
|-------|-------------------|---------------|------------------------|-------------------------|--------|--------|--------|
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Please circle the best number(s) to contact during 4-6 pm.

Please Do Not Release my Child to:

Full Name (Print) _____ DOB: _____ Relation to Child _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please be aware that the JPE staff is not authorized at this time to provide medication

Exception: EpiPen® Auto-injectors can be delivered by trained Staff

Health History & Diagnosis

Please check those that apply

- Heart Defect
- Convulsions/Seizures
- Diabetes
- Bleeding or clotting disorder
- Hypertension

- Asthma
 - ADD
 - ADHD
 - Allergies Please Specify: _____
- Is Child allowed to self-Admin Inhaler? Yes No

Will child have an EpiPen® at YPAC? Yes No

Other Please Specify: _____



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Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes No If Yes, please explain: _____

Is your child allergic to any type of food or medication?

Yes No If Yes, please explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Special Conditions:

Please List any conditions or physical limitations that the JPE staff supervising your child should be aware of in order for your child to have a positive JPE experience:

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that The Carver Police Department will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Please indicate how you heard about the JPE program

Word of Mouth Participated previously Face Book Website Flyer
 School Resource Officer

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during JPE. I understand the photos may be used in the following manner: to keep a journal of activities; to share during power point presentations and/or reports to our donors; and for promotional purposes including flyers, brochures, newspapers and on the internet. I understand that although my child's photograph may be used, his or her identity will not be disclosed. I do not expect compensation and I understand all photos are the property of the JPE program and/or The Carver Police Department.

I do not wish photos to be taken of my child Parent's/Guardian's Initials _____

Transportation Release

Should it apply, I hereby give permission for the transportation of my child for official JPE activities by modes of transportation agreed to by JPE organizers. Information on transportation and for what purpose will be provided ahead of time.

Parent's/Guardian's Initials _____

I give my child permission to participate in JPE activities including, but not limited to: special programs and physical activities such as nature walks, and organized sports; etc. The Carver Police Department/ JPE program are not responsible for lost or damaged personal property. Children photos and quotes may be used for publicity purposes. In case of an emergency, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian: _____

Note: A copy of this form may go on JPE-organized field trips