

CHARLOTTE–MECKLENBURG POLICE DEPARTMENT

Date(mm/dd/yyyy)

Post:

Explorer Permission Slip

Activity:

I, _____ hereby give permission for my child, _____, to participate in _____.

It is my understanding that activities will take place _____. This may include but are not limited to activities such as physical fitness, group initiatives, weapons recognition, handcuffing, building searches, traffic stops and baton training.

In consideration for my child's participation in this program, I hereby do forever release and agree to hold harmless the city of Charlotte and the Charlotte-Mecklenburg Police Department, its agents and employees, from any and all liability, claims and demands for personal injury resulting from my child's participation in _____. I am aware of the dangers and the risks that exist from participating in the above mentioned program activities. I hereby specifically and voluntarily assume all such risks on behalf of my child and expressly release the City of Charlotte and the Charlotte- Mecklenburg Police Department and its agents and employees from any cause of action or claim of whatsoever kind or nature arising out of my child's participation in this program.

This _____ Day of _____ 20__

Parent(s)/Guardian(s) Name:

Parent(s)/Guardian(s) Signature:

Child Personal Information:

Name:	Date of Birth:
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Home address:

City, State and Zip:

Home Phone #:	School:	Alt #:
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Allergies:

Medications:

Emergency Contact Information:

Name:	Relationship:
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Address:

City, State and Zip:

Home Phone#:	Work #:	Alt #:
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Employer :

Employer Address:

Personal Physician Information:

Name:

Address:

City, State and Zip:

Phone#:

Health Insurance Information:

Name of Company:

Policy #:

Name of Insured:

Insured ID Number:

Phone #:

Medical History:		
Conditions Requiring Regular Medication:		
Name of Medication:	Dosage:	
Conditions Requiring Regular Medication:		
Name of Medication:	Dosage:	
Restrictions on Types of Activities:		
Conditions: (check all that apply) Asthma <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Convulsions <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition <input type="checkbox"/> Allergies <input type="checkbox"/> Describe: Other <input type="checkbox"/> Describe:		
Insurance Information:		
Company:	Policy #:	Dr.'s Name:
Parent/Guardian Signature:		Date:
The above noted medical history/conditions are true and correct to the best of my knowledge. The person herein named has permission to engage in all Explorer activities except noted by me. In the event of a medical emergency, I hereby give permission to the physician/hospital selected by the adult leader in charge, to render the necessary treatment for the condition/injury sustained while participating in Explorer Post activities.		