



Troy Police Department
500 West Big Beaver Road
Troy, Michigan 48084

INTEGRITY \* RESPECT \* LAWS AND THE CONSTITUTION \* ACCOUNTABILITY \* PROBLEM SOLVING \* PROFESSIONALISM

I, \_\_\_\_\_ (Print Your Name) being the legal parent or guardian of \_\_\_\_\_, agree to allow him/her to participate in the \_\_\_\_\_ (Childs Name – hereinafter “the child”)

Troy Police Department Child Clinic. I agree to release and hold harmless the City of Troy, the Troy Police Department, and its employees and agents, from any liability for all types of damages or injuries, whether foreseeable or not, sustained by myself or the child while participating in the Troy Police Day Clinic. I certify that the child is physically and medically fit to participate in said Troy Police Day Clinic.

I understand that the child’s participation in this camp is completely voluntary. I understand that any photos taken will be used at the discretion of the Troy Police Department. I agree on behalf of the child that all instructions given by the camp personnel will be followed. I understand that any misconduct by myself or the child can result in the removal of the child from the program. I acknowledge that the Troy Police Day Clinic starts at 9:00am – 3:00pm. Tennis shoes must be worn.

Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

List all medications, any medical conditions and all allergies, including food allergies that the child may have:

Four horizontal lines for listing medications, conditions, and allergies.

Emergency Contact Information

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ / \_\_\_\_\_
Primary Alternate

Address \_\_\_\_\_

Medical Insurance/Policy Number \_\_\_\_\_

Child Information

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Shirt Size: S / M / L / XL

List all persons authorized to sign child out at the end of the day.
If the parent is not available:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ / \_\_\_\_\_
Primary Alternate

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ / \_\_\_\_\_
Primary Alternate