

## EMERGENCY SERVICES ACADEMY APPLICATION

<b><u>Student name:</u></b>	<b><u>DOB:</u></b>	<b><u>Age:</u></b>	<b><u>T-Shirt Size:</u></b>
<b><u>Parent / Guardian name:</u></b>			<b><u>Parent / Guardian name:</u></b>
<b><u>Address:</u></b>			
<b><u>Home Phone:</u></b>	<b><u>Work Phone:</u></b>	<b><u>Cell Phone:</u></b>	
<b>Emergency Contacts in order of importance / preference</b>			
<b>Name:</b>	<b>Phone 1:</b>	<b>Phone 2:</b>	
<b><u>List any Allergies:</u></b>			
<b><u>List any Medications:</u></b>			
<b><u>List any Physical Limitations:</u></b>			
<b><u>Insurance Information:</u></b> (Please include company name/ ID# / Group #)			
<b><u>Doctor's Name:</u></b>		<b><u>Doctor's Phone #:</u></b>	
By signing below I am consenting to allow my child to be transported to the closest emergency room for any medical emergency that may arise. I understand that the instructors will make reasonable attempts to contact the numbers listed as emergency contacts; However, this notification will not delay the transport of my child to the closest emergency room.			
<b><u>Parent / Guardian Signature:</u></b>			<b><u>Date:</u></b>