



**Chandler Police Department**

**Criminal Justice Week**

**Youth Program**

**Emergency Contact Information**

Participant's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's contact Phone Number: \_\_\_\_\_

Parent's Complete Home Address: \_\_\_\_\_

---

Secondary Contact(required) Name : \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Required Information:**

Does your child have **any** medical conditions? Yes / No

If Yes, please explain: \_\_\_\_\_

Is your child on **any** medication? Yes / No

If Yes, please explain: \_\_\_\_\_

Does your child have any allergies? Yes / No \_\_\_\_\_

Any food allergies? \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Reminder:** This Academy encompasses an age range from 15 through 18 (11-12<sup>th</sup> graders) we are not able to censor surrounding conversations and your child may be exposed to conversation among other attendees well beyond their years. Please inform your child to advise the instructor who will move your child to another seat upon their request. Thank you.