IDAHO POST ACADEMY
LAW ENFORCEMENT CAREER CAMP
MERIDIAN, IDAHO
JUNE 14 - 19, 2009

MEDICAL FORM

A written report of a physical examination performed by a qualified physician **within the preceeding 90 days MUST** accompany the application. Applicant shall also have current protection against diptheria, tetanus, poliomyelitis, measles and rubella, or a statement from a physician that immunization is in progress.

Name of Applicant: _____

Physcial Condition of Applicant: [ ] Satisfactory
[ ] Unsatisfactory

The following signature is **REQUIRED** indicating that the Applicant is capable of strenuous physical exercise.

_____
Physician

_____
Address

List below any unusual physical condition the Camp Director should know about:

_____

_____

_____

I understand that first aid will be available at the Camp; that the students will be closely supervised and that if an accident occurs or illness develops, medical and/or hospital care will be given at the expense of the parent/guardian. I further understand that in case of serious injury of illness, I will be notified. **If it is impossible to reach me in a timely manner, I hereby give my permission for emergency treatment or surgery as recommended by the attending physician.**

_____
Signature of Parent / Guardian

_____ _____
Address Date

_____ _____
Home Phone Work Phone