



# Lebanon Township Junior Police Academy

## REGISTRATION FORM

Program is run by the Lebanon Township Police Department

*Chief Jack Gale*

*Our goals are simple. To foster better relations between the youth of our Township and the police department, and to provide the youth of our community with a fun and educational experience that builds self-esteem in a safe learning environment*

**July 8 through July 12<sup>th</sup> 2019**

**9:00 a.m. - 4:00 p.m.**

**Municipal Complex**

**Complete forms and mail to: Township of Lebanon Police Department  
530 W. Hill Rd.  
Glen Gardner, NJ 08826**

**Open to the youth of Lebanon Township who have completed 6<sup>th</sup>, 7<sup>th</sup>, or 8<sup>th</sup> grade in 2019**

PLEASE TYPE OR PRINT

Name of Child: (last name first) \_\_\_\_\_

T-shirt size (circle one) Adult   S   M   L   XL

Home Address: \_\_\_\_\_

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

Father's Name and cell phone number: \_\_\_\_\_

Mother's Name cell phone number: \_\_\_\_\_

Medical Problems (if any): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact - name and phone number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**These forms (registration and medical) must be returned by June 13, 2019  
by either email, fax, or in person to: [lebanontwppolice@comcast.net](mailto:lebanontwppolice@comcast.net), fax 638-5499**

Registration is limited

**LEBANON TOWNSHIP Junior Police Academy**  
**REGISTRATION FORM**

**MEDICAL EMERGENCY TREATMENT SLIP**

Name of Child: \_\_\_\_\_

In case of medical emergency, our physician is:

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

I hereby authorize the above physician and/or designated associates or assistant or their covering physicians, or in the event these persons cannot be contacted, the emergency physician on duty at the hospital to provide emergency treatment to our child for the following:

- A. Any laceration, fracture or other traumatic injury; or
- B. Any symptom, disease or injury which, in the judgement of the attending physician, if untreated, reasonably may be expected to increase the risk of or threaten the health or life of the child, or threaten disfigurement or impairment of his facilities.
- C. No major surgery or life threatening procedure may be performed upon my child and no general anesthesia may be administered unless:
  - A. The life or health of my child is in danger; or if delaying such treatment to obtain consent would create a threat of serious injury to the health of my child; and
  - B. The attending physician and one other physician consult and agree that such treatment is necessary for the health of my child.

I hereby give my consent for admission of my child to:

\_\_\_\_\_  
(Fill in name of hospital or indicate any accredited hospital)

if, in the judgement of the attending physician, it is necessary for any treatment authorized herein.

This consent is to be effective only after reasonable efforts have been made to contact me and obtain my specific consent to any emergency treatment. This consent is also to be used in conjunction with the hospital's procedure for documented administrative authorization.

The child covered by this form:

_____ (Child's full name)	_____ (Date of Birth)	_____ (Known Allergies)
_____ (Parent's Signature)	_____ (Relationship)	_____ (Date)