

Rogers County Sheriff's Office
Summer Youth Cadet Academy
Medical Information Form

Cadets Full Legal Name _____ DOB _____

Home Address _____

Parent/Guardian 1 _____

Name	Relationship	Phone Number
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Parent/Guardian 2 _____

Name	Relationship	Phone Number
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Emergency Contact _____

Name	Relationship	Phone Number
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Doctors Office or Name _____

Dentist Office or Name _____

Medical Insurance Provider _____

Group or Policy Number _____

List any medical conditions, allergies or medications instructors should be aware of.

Print Name: _____

Sign & Date _____