



COTATI POLICE DEPARTMENT

CHRIS SIMMONS, CHIEF OF POLICE

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**Cadet Program
Health and Medical Record**
(to be completed by parent/guardian.)

PLEASE PRINT IN INK

Name _____ Age _____ Date of Birth _____ Sex _____

Address _____ City _____ State _____ Zip _____

Name of Parent/Guardian _____

Parent/Guardian Cell Phone () _____ Work Phone () _____

Business Name & Address _____ City _____ State _____

If person(s) named above are not available in the event of an emergency, please notify:

Name _____ Relationship _____ Phone () _____

Name _____ Relationship _____ Phone () _____

Name of Personal Physician _____ Phone () _____

Check all items that apply, **past or present**, to your health history. Explain any "yes" answers below.

ALLERGIES: food, medicine, insects, plants Yes () No () Explain _____

GENERAL INFORMATION Date of last physical exam _____

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Attention-Deficit (ADHD)	()	()	Hyperactivity Disorder	()	()
Asthma	()	()	Cancer/Leukemia	()	()
Convulsions/Seizures	()	()	Diabetes	()	()
Heart Trouble	()	()	Hemophilia	()	()
High Blood Pressure	()	()	Kidney Disease	()	()

Explain _____

List any medications taken regularly _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances or other strenuous physical activities _____

List equipment needed such as wheelchair, braces, glasses, contacts, etc. _____

Immunizations (give date of last inoculations)

Tetanus _____ Measles _____ Polio _____

Diphtheria _____ Mumps _____ Other _____

Pertussis _____ Rubella _____ Other _____

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed healthcare practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child.

Signature of Parent/Guardian

Date
