



# PORT JERVIS CITY POLICE DEPARTMENT

Serving with Courage, Vision and Integrity Since 1853

20 Hammond Street  
Port Jervis, New York 12771

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WILLIAM J. WORDEN  
*Chief of Police*

JOHN FITZPATRICK  
*Lieutenant*

WILLIAM VANINWEGEN  
*Lieutenant*

## PORT JERVIS POLICE DEPARTMENT JUNIOR ACADEMY

Dear Junior Police Academy Participant,

Please return the “**Medical Information**” form at the bottom of this notice when you turn in your completed Junior Police Academy application. **REGISTRATION APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A COMPLETED MEDICAL FORM.** A new Medical Form must be filled out each year. The Junior Police Academy begins at **8:00 a.m.** and ends at **3:00 p.m.** Please make necessary arrangements to depart at **3:00 p.m.** Although we hope to have no use for it, secondary accident insurance is provided.

PLEASE RETURN with CAMP APPLICATION TO: Port Jervis City Police Department – Juvenile Aid Bureau 20 Hammond Street, Port Jervis, New York 12771.

### MEDICAL INFORMATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

Current Confidential Medical History – Please write just the **MOST RECENT DATES** on the lines below.

**PLEASE** provide a valid copy of your child’s **Birth Certificate**.

IMMUNIZATION AGAINST	DATE IMMUNIZED	IMMUNIZATION AGAINST	DATE IMMUNIZED
Varicella ( <b>CHICKEN POX</b> )		Measles/Mumps/Rubella <b>MMR</b>	
Haemophilus Influenza Type B		Poliomyelitis ( <b>OPV</b> )	
Diphtheria/Tetanus ( <b>DTP</b> )		Hepatitis B	

OTHER MEDICAL INFORMATION, RESTRICTIONS, MEDICATIONS (ALLERGIES, BEE STINGS, ASTHMA, ETC.)

NAME, ADDRESS & PHONE NUMBER OF RESPONSIBLE PERSON TO CONTACT IN CASE OF EMERGENCY

1. \_\_\_\_\_
2. \_\_\_\_\_

**PARENT or GUARDIAN’S CERTIFICATION:** I certify that the applicant named above is in good health and has my permission to participate in the **2019 PORT JERVIS POLICE DEPARTMENT JUNIOR POLICE ACADEMY** & be transported by City of Port Jervis vehicle and buses, and Quality Bus Services to program locations as needed.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
Parent/Guardian