

Acworth Police Department

Public Safety Cadets



Emergency Information Form

Name (Last, First, Middle): _____

Address: _____

City: _____ State: Georgia Zip Code: _____ Phone #: _____

Georgia Driver's License #: _____ OR Georgia ID Card #: _____

DOB ___ / ___ / ___ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Parent/Guardian 1: (Name) _____ DOB: ___ / ___ / ___

Address: _____

City: _____ State: Georgia Zip Code: _____ Phone #: _____

Email: _____

Other Phone #: _____

Parent/Guardian 2: (Name) _____ DOB: ___ / ___ / ___

Address: _____

City: _____ State: Georgia Zip Code: _____ Phone #: _____

Email: _____

Other Phone #: _____

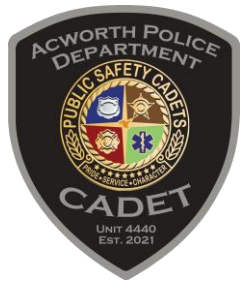
Alternate Emergency Contacts:

Name: _____ Relation: _____ Emergency Phone #: _____

Name: _____ Relation: _____ Emergency Phone #: _____

Name: _____ Relation: _____ Emergency Phone #: _____

Name: _____ Relation: _____ Emergency Phone #: _____



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Medical Information:

Have you ever been hospitalized?

Yes NO

If yes, please explain: _____

Do you currently take any long-term medication?

Yes NO

If yes, please explain: _____

Do you currently have any medical conditions?

Yes NO

If yes, please explain: _____

Are you allergic to anything?

Yes NO

If yes, please explain: _____

Is there anything you feel is necessary for us to know?

Yes NO

If yes, please explain: _____

Note: This information must be kept current, and it is the individual Cadet's responsibility that current records are maintained with the Unit.