



# Acworth Police Department

## Public Safety Cadets



# Emergency Information Form

Name (Last, First, Middle): \_\_\_\_\_

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

City: \_\_\_\_\_ State: Georgia Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Georgia Driver's License #: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

### Medical Information:

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Completed: \_\_\_\_\_