

**DANBURY LAW ENFORCEMENT CADET PROGRAM  
MEDICAL RELEASE FORM**

I/We know of no health or fitness restriction that precludes the participation of CADET \_\_\_\_\_ in the Danbury Law Enforcement Cadet Program, North East Regional Law Enforcement Educational Association, Inc (NERLEEA), chartered to the Danbury Police Department.

In the event of serious illness or injury to CADET \_\_\_\_\_ while involved in this program, I/we consent to emergency medical treatment, x-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the emergency medical technician/paramedic and the attending physician, and is performed under the supervision of a member of the medical staff of the hospital furnishing the medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me/us will be attempted. This waiver is valid until revoked or my child leaves the program.

**EMERGENCY PHONE NUMBERS**

1. Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

2. Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Parent(s)/ Guardian(s) Name **\*\*Do not sign until authorized by Notary**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Printed – Parent/Guardian #1 Printed - Parent/Guardian #2

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

Notary Public \_\_\_\_\_

Date \_\_\_\_\_

Expiration Date \_\_\_\_\_