

## Parental Permission

Name: \_\_\_\_\_, has my permission to participate in the Military Police Ride Along Program on: \_\_\_/\_\_\_/200\_\_, from \_\_\_\_\_ hrs until \_\_\_\_\_ hrs.

I know of no health or fitness restriction(s) that would preclude his/her participation. In the event of illness or injury occurring to my child while involved in this activity, I consent to X-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. (It is understood that in the event of a serious illness or injury, reasonable efforts to contact me will be attempted.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact numbers with area code where I may be reached during this activity:

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