

**Suffolk Commonwealth's Attorney's Office**  
**1<sup>st</sup> Forensics/CSI Camp for Kids Application and Emergency**  
**Information**

PARTICIPANT'S NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
MOTHER'S NAME: \_\_\_\_\_  
FATHER'S NAME: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

*This constitutes our application and consent that the above named minor may participate in the recreational program sponsored by the Suffolk Commonwealth's Attorney's Office. We understand and acknowledge that recreational programs may involve risk of injury to participants, including injury from bodily contact with other participants and/or other risks inherent in the activity. The undersigned further agrees that the Suffolk Commonwealth's Attorney's Office or any of its' employees and any city employee of the City of Suffolk will not be held responsible for any such injuries, not involving fault or negligence of the City.*

*If immediate contact cannot be made for any emergency medical care, we authorize and consent to such emergency medical care and treatment prescribed by a fire medic or duty licensed physician as the physician deems advisable, and the undersigned will be responsible for any such medical care or treatment rendered.*

DATE: \_\_\_\_\_  
\_\_\_\_\_  
(Parent or Guardian)

In case of any emergency, and we cannot contact you, please list two people that we may contact other than yourself.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

The local hospitals require the following information to treat your child in case of an emergency:

INSURANCE CO: \_\_\_\_\_ POLICY #: \_\_\_\_\_  
NAME OF INSURED: \_\_\_\_\_  
NAME OF PERSONAL PHYSICIAN: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
ANY ALLERGIES? IF YES, PLEASE LIST: \_\_\_\_\_  
ANY RECENT ILLNESSES? PLEASE EXPLAIN: \_\_\_\_\_  
CURRENT MEDICATIONS: \_\_\_\_\_

List two individuals that have permission to pick up your child:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

NOTE: If your child is to be picked up by a person other than listed above, we MUST have written, signed instructions from the parent or guardian.