



**The Suffolk County Police Department  
Youth Police Academy  
Application and Emergency Contact Form  
Suffolk County Youth Bureau  
[Youth.services@suffolkcountyny.gov](mailto:Youth.services@suffolkcountyny.gov)  
631-853-8270**



Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ School Name: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any medical conditions, medications and/or allergies that your child may have: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

(1) \_\_\_\_\_

(2) \_\_\_\_\_

During the weeklong session that your child will be enrolled in the Suffolk County Police Department Youth Academy he/she may have the opportunity to visit various Suffolk County Police facility locations or field trips, including a PAL fishing trip on a charter fishing boat from the Captree Boat Basin.

Please complete the section below authorizing your child to participate in these exciting and rewarding excursions.

I, \_\_\_\_\_, hereby authorize my  
Parent's/Guardian's Name (Please Print)

child \_\_\_\_\_ to attend the above field trips.  
Student's name (Please Print)

\_\_\_\_\_  
Parent's/guardian's Signature

\_\_\_\_\_  
Date

**Please select one of the following options:**

**Session 1:** Aug 4 to Aug 8

**Session 2:** Aug 11 to Aug 15

**Tee-shirt Size (adult) – Circle one**      S                      M                      L                      XL

**Shorts (adult) – Circle one**                      S                      M                      L                      XL