



# ALLECA

## DEPARTMENT OF ARIZONA AMERICAN LEGION LAW ENFORCEMENT CAREER ACADEMY CADET APPLICATION PACKET

(June 28, 2021 LAST UPDATED)



### Medical Screening

To be completed only by an Arizona licensed MD, DO, Physician's Assistant or Nurse Practitioner. Must be performed prior to attending ALLECA Program within current year of this academy.

\_\_\_\_\_ APPLICANT NAME

\_\_\_\_\_ Date of Birth

### HISTORY

- Existing Medical Problems:
- Current Medications:
- History (Include all surgeries):
- Allergies:
- PHYSICAL over all condition (Eyes, Ears, Lungs, Hernia, Musculoskeletal):

Based on medical history and this physical exam, this applicant is qualified to participate in all the physical exercises of the ALLECA program including distance running and the required push-ups, pull-ups, and sit-ups. In addition, he/she is physically qualified to take part in those classes involving self-defense and physical contact with other program participants.

Health Professional's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

AZ Cert. No. \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization for Medical Treatment

As the parent or legal guardian, I give consent and authorize ALLECA staff to provide emergency medical care at a medical facility by a licensed physician or Emergency Room staff; or dispense medications and/or FIRST AID supplies to the applicant, such as, but not limited to; ASPIRIN, PAIN MEDICATION, ALLERGY MEDICATION, WRAPPINGS, etc. in the best interest of my child.

I do hereby certify that the above-named applicant has not had (if not listed above by physician) any prior injury or a current existing injury, which will hinder his/her performance while attending the academy. I understand that by not disclosing any such prior injury or existing injury that the applicant may be sent home in the event such occurs or is revealed while attending the academy.

**\*\*\*ATTACH A PHOTOCOPY (Both Sides) OF THE INSURANCE CARD TO THIS APPLICATION\*\*\***

Parent Signature Required \_\_\_\_\_ Date \_\_\_\_\_