

**Bryan Police Department
Junior Police Academy**

PARENTAL PERMISSION FORM

I, _____ parent/guardian of _____
do hereby give my son/daughter permission to attend the Bryan Police Department Junior Police Academy.

I also acknowledge that _____ has no limiting medical conditions and is fully capable of participating in the program.

I authorize the Bryan Police Department to conduct a background investigation to obtain any information relating to my/my child's criminal history record for the purpose of making a determination of eligibility for the Junior Police Academy. I also understand I/my child can only take this program one time.

Applicant Signature: _____

Date: _____

Parent Signature: _____

Date: _____

EMERGENCY INFORMATION

PLEASE PROVIDE AT LEAST TWO EMERGENCY CONTACTS:
IN THE EVENT WE NEED TO GET IN CONTACT WITH YOU IMMEDIATELY
PLEASE PRINT/TYPE CLEARLY.

Name	Phone Number	Address