PERMIT TO RIDE (MINORS)

_____, _____, is
Name *Age*
hereby authorized to ride along with a member of the Honolulu Police Department.

Signed: _____
Commander or Designee

Date Applicable: _____

EMERGENCY INFORMATION

Name: _____
Address: _____
Phone: _____ Date of Birth : _____
Family Physician: _____
Phone: Bus. _____ Res. _____
Hospital: _____
In case of emergency, contact:
Name: _____
Address: _____
Phone: _____ Relationship: _____

PARENTAL CONSENT FOR MINORS TO PARTICIPATE IN POLICE-YOUTH RIDE-ALONG PROGRAM

I/We, _____, parent(s)/guardian of _____ (age ___), who is a minor, consent to his/her participation and riding along with a member of the Honolulu Police Department in the Police-Youth Ride-Along Program. I/We shall assume responsibility for transporting my son/daughter/ward home, and I/we have received a copy of Instructions for All Participants (HPD-233B).

Date: _____ Time: _____

Signed: _____ _____
Father *Mother*

_____ _____
Guardian *Participant*

Address: _____

HPD-233 (R-6/04) Witness (Police Officer): _____

INFORMATION IN CASE OF INJURY TO JUVENILES

I/We, _____, parent(s)/guardian of _____, do hereby authorize the physician of the City and County of Honolulu emergency units to administer first aid treatment to me for any injuries incurred and to have my family physician attend to me for any injury which may require surgery, hospitalization, or further observation.

Family Physician: _____ Phone: _____

Address: _____ Night Phone: _____

Hospital: _____Blood Type: _____ DOB: _____

In case of emergency contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Signature: _____

Address: _____ Phone: _____

Date: _____ Time: _____