

New Sheriff and Police Athletic League

Junior Law Enforcement Academy Medical Information/Release

Sponsored by Bernalillo County Sheriff's Department.

All fields must be completed.

Name _____ Age _____ Birth Date _____

Height _____ Weight _____ T-shirt Size _____ Waist Size _____

Prescription medications student is currently taking:

Over-the-counter medications student is currently taking:

Describe allergies student may have:

I understand that this information is given voluntarily and is a part of my health record maintained by the NMSPAL. I also understand that this information will be kept confidential.

Parent's Name _____

Parent's Signature _____ Date _____

Physicians Signature or Stamp _____ Date _____

Send the **completed** medical form, get parent and physician signatures, then mail, fax or hand deliver to:

NMSPAL

P.O. Box 11773, Albuquerque, NM 87192-0773

fax (505) 254-4798

Office (505) 254-4805