

THE VILLAGE OF North Palm Beach



POLICE DEPARTMENT

Date (M/D/Y): _____
This Form Must Be Notarized To Be Effective
Please Fill In All Below Information Completely

Explorer's Name _____
Last First Middle

Date of Birth (M/D/Y) _____

Address _____
Street City State ZIP

Parent's Home Phone Number _____

Parent's Work Phone Number _____

Name of Explorer's Health Insurance Company _____

Policy Number _____ Date of Expiration _____

Health History

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

Allergies: Yes No Explain _____

General Information:

Asthma Convulsions/Seizures Heart Trouble High Blood Pressure

Cancer/Leukemia Diabetes Hemophilia Kidney Disease

List Any Medications to Be Taken at Camp: _____

List Any Physical or Behavioral Conditions that May Affect or Limit Participation in Swimming, Backpacking, Hiking Long Distances, or Playing Strenuous Physical Games _____

List Equipment Needed such as a Wheelchair, Braces, Glasses, Contact Lenses, Etc: _____

Immunizations: Please Provide Documentation of School Approved Vaccinations

Name of Personal Physician: _____ Phone Number _____

Personal Health/Accident Insurance Carrier _____ Police Number _____

Parent Authorization:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgement of medical personnel dictates.

Signature _____ Date (M/D/Y) _____

Parent of Guardian

Sworn to and Subscribed before me, the undersigned authority this ____ day of _____, 2025. _____ (Notary Public)



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POLICE DEPARTMENT

Parental Permission for Media Release

The undersigned parent/guardian does fully realize that his/her child, _____, may appear in the newspaper, on film, video tape, or in live production while participating in North Palm Beach Explorer functions. The undersigned does further realize that he/she, and the above named child will receive no compensation for appearing in newspaper, on film, video tape or in live production. The undersigned parent/guardian hereby gives permission for his/her child to appear in the newspaper, on film, video tape, or in live production and understands that the North Palm Beach Police Department is in no way responsible for any liability arising from such appearance. The undersigned parent/guardian and Explorer applicant have no objection to appearing in the newspaper, on film, video tape, or in live production, and gives the North Palm Beach Police Department full permission to use, _____, pictures without prior notice.

Applicant

Parent/Guardian Signature Date

Applicant Signature Date

Affidavit

Subscribed and sworn (or affirmed) this date _____ by
_____ who is/are personally known to me or have/has produced
_____ identification.

State of Florida

County of _____

_____ Notary Public, Commission Number _____



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**Personal Inquiry Waiver
Parental/Member Authorization of Background Check**

I, _____, authorize the North Palm Beach Police Department to conduct a background investigation of my child/myself, _____, for the purpose of determining his/her eligibility to join the North Palm Beach Police Explorers. I understand that this background investigation will consist of the following elements:

1. Fingerprints (checked through FDLE and FBI files)
2. A computer check through National, State, Local, DCF, and Department of Juvenile Justice crime information centers.
3. A check with the applicant's school to verify his/her grade point average.

I understand that the results of this background investigation are to be used solely for the purpose of determining my child/myself eligibility to join the North Palm Beach Police Explorers.

I hereby release you, your organization and the Palm Beach County School Board from any liability or damage which may result from this background investigation.

Parent/Guardian Signature	Date	Applicant Signature	Date
Address	Street	City	State ZIP

Affidavit

Subscribed and sworn (or affirmed) this date _____ by _____ who is/are personally known to me or have/has produced identification.

State of Florida
County of _____

Notary Public, Commission Number _____



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POLICE DEPARTMENT

Hold-Harmless and Release Form

The undersigned, parents or guardians of _____, a participant of _____, Post No. _____, hereby indemnifies and holds harmless the _____, its agencies and employees, specifically including any and all police officers or personnel involved with the supervision and control of the _____ Explorer Post No. _____ from any claims of any kind whatsoever or of any nature for injury to the person or damage to the property of _____, his/her parents, siblings, or heirs. This indemnity and hold-harmless agreement shall be considered a complete and total waiver of any and all liability on the part of the township/city of _____, its servants, agents, or employees, and particularly the police officers engaged in the supervision and control as set forth herein above.

Explorer's Signature

Date

Parent's Signature
(Explorer Under 18 Years of Age)

Date



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