

## HIBBING POLICE DEPARTMENT



Please provide all information pertaining to medications the applicant is currently prescribed, what medications will be with the applicant while attending the youth academy, as well as any allergies the applicant has. **This information is considered confidential and will be stored on file for the safety of the participants of this program while they are in the care of the Hibbing Police Department.**

Applicant Name: \_\_\_\_\_

### Medications

Medication Name	Medication Used For	Med. Dosing Information	Medication with Applicant?
			Yes / No

### Allergies

Please list what the applicant is allergic to, as well as how this affects them.  
*Example: allergic to peanuts, and the reaction is hives.*

---

---

---

---