

# Oswego Junior Public Safety Academy



## Medical Information

Please indicate any physical accommodations your child may require participating in this program. Please include any allergies that your child may have.

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\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



Return Application and Waivers to:  
3355 Woolley Rd, Oswego, IL 60543

