

Trooper Explorer Interest Document

Applicant Information			
Name:			
Date of birth:	Age:	Phone:	
Street address:			
City:		State:	Zip code:
Grade level:	School attended:		
Parent/Guardian/Caregiver Information			
Name:			
Relationship to applicant:			
Street address:			
City:		State:	Zip code:
Email:		Phone:	
Dietary Information			
Please list any food allergies:			
Special dietary needs:			
Emergency information			
Please list all allergies:			
Special physical limitations or needs:			
List any medical conditions (e.g., asthma):			
Inhaler needed?			
List all prescribed medications:			
Signatures			
I have reviewed all the information that I have provided and certify that it is true and complete to the best of my knowledge.			
Signature of applicant:			Date:
Signature of parent, guardian, or caregiver:			Date: