

Miami County Sheriff's Office

C.S.I. Camp

This camp is FREE to any student in Miami County who will be entering 6th -8th grade in 2022

When: August 8-12, 2022

Time: 9:00 AM to 12:00 PM

(Please Circle the time you want to attend)

1:00 PM to 4:00 PM

Where: Miami County Sheriff's Training Center

2042 N. County Road 25A, Troy, Ohio 45373

****There will be a limited number of students per session, registration will be on a first come first serve basis****

Topics that may be covered:

Fingerprinting
Scene Diagram

Latent Prints
Crime Scene Measurements

Casting
K-9 Drone Usage

Accident Investigation

Crime
Evidence Packaging

Child's Name _____

Grade _____

Address _____

Phone _____

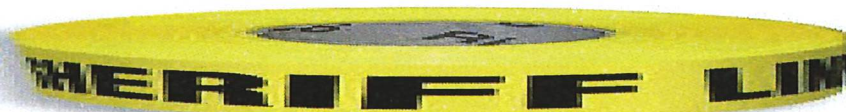
Parent's Name _____

School _____

Applications can be picked up in the middle school office or see your SRO.....

DEADLINE FOR REGISTRATION IS THE LAST DAY OF SCHOOL

Register by dropping them off to your SRO or email them to sro@miamieast.k12.oh.us



SHERIFF LINE DO NOT CROSS

MIAMI COUNTY SHERIFF'S OFFICE
Medical Consent and Release

MIAMI COUNTY SHERIFF'S OFFICE
Medical Consent and Release

Date: _____
I, _____ am the parent/legal guardian of _____
Parent/Guardian Name Minor's Name
Who lives at _____, who desires to participate in The Miami County
Address, City, State, Zip Code
Sheriff's Office CSI Camp (hereinafter, "Program") being held on/for between the dates of August 8, to
August 12, 2022, at the Miami County Sheriff's Office Training Center, 2050 N. Co. Rd. 25A, Troy, Ohio 45373.
I give my consent, after all reasonable attempts to contact me at phone number(s) _____ or
my spouse, co-legal guardian or _____ at phone number _____ or
have been unsuccessful, for:

- (1) The administration of any treatment deemed necessary by the physician or dentist specified below (if any), or in the event the specified practitioner is not available or no practitioner has been specified, then by another licensed physician or dentist, and
- (2) The transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for surgery are obtained in writing prior to the surgery.

The following information is needed by any hospital or practitioner not having access to the child's medical history:
Physician: _____ Phone: _____
Family Dentist: _____ Phone: _____
Allergies: _____
Medication being taken: _____
Date of last tetanus shot: _____
Physical impairments: _____
Other pertinent medical facts to which physician should be alerted: _____

Additionally, and in consideration of my above named minor child being permitted by the Miami County Sheriff's Office to participate in the Program, I do hereby agree to indemnify, release, protect and hold harmless the Miami County Sheriff, the Board of Miami County Commissioners, their deputies, officers, board members, supervisors, agents, servants, employees, and all private persons or organizations volunteering services without charge including supervision, providing instruction, or chaperoning my child during the Program from any claim or liability whatsoever, including, but not limited to, personal injury, property damage, court costs, attorneys' fees and interest, however caused, as a result of my child participating in the Program.

Parent/Legal Guardian Name: _____
Signature _____
Printed Name _____
Address _____
Witness: _____
Signature _____
Printed Name _____

SOCIAL MEDIA RELEASE

I give the Miami County Sheriff's Office and representatives of the Miami County Sheriff's Office permission to use my child/children's name, photo, image, or likeness for promotion of their Safety Town program and for use on social media an internet

Parent/Legal Guardian Name: _____
Signature _____
Printed Name _____
Witness: _____
Signature _____
Printed Name _____