



**Calcasieu Parish
Regional Law Enforcement
Training Academy**

P.O. Box 3722 . Lake Charles, Louisiana 70602
Phone (337) 491-3850 . Fax (337) 494-1136

INFORMED CONSENT FORM

The undersigned hereby gives informed consent to engage in a series of procedures relative to completing a written physical examination form, taking a battery of exercise tests and participating in a variety of physical activities. The purpose of the testing is to train law enforcement cadets on techniques to determine physical fitness, cardiovascular function and health status. All exercise testing and physical activity sessions will be supervised and monitored by Staff Instructors, emergency medical technicians and or certified defensive tactic instructors. These activities including running and callisthenic exercises performed in either field or classroom setting.

There exists the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could include heat-related illness, abnormal heartbeats, abnormal blood pressure and in rare instances, a heart attack. If abnormal changes were to occur, the staff would take necessary steps for CPR-First Aid, or make contact with emergency medical assistance if needed.

I have read this form, understand that there are inherent risks associated with any physical activity, and recognize it is my responsibility to provide accurate and complete physical examination information. If my blood pressure reading is 140 over 90 or higher, the examining Emergency Medical Technician, and or Training Academy staff will not allow me to pre-test or continue doing any other physical activities until my physician clears me to do so. I will monitor my individual physical performance during any activity and **immediately** inform instructors of any physical discomfort. I also understand if I fail any of the required entry or graduation level testing agilities, then I did not complete the level successfully. It is also my responsibility to start a physical fitness wellness program at least 10-12 weeks prior to my pre-test date.

In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

Cadet Signature

Date

Witness Signature

Witness Signature

- *This form must be signed and returned with registration and physical examination forms
(This does not apply to refresher cadet's only)*