

StarKidz Summer Camp
Medical Release and Waiver

Child's Name: _____

Child's DOB: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home phone: _____

Mom's/Guardian Name: _____ **Cell:** _____

Dad's/Guardian Name: _____ **Cell:** _____

Email: _____

I give permission for my child to be transported to and from planned program activities in an authorized vehicle driven by StarKidz Staff. _____(initial)

I give permission for my child to play on the playground, use the facilities and equipment, and participate in day-to-day field trips and activities as outlined in the StarKidz handbook (available online). I understand that my child will be supervised at all times. _____(initial)

I understand that every precaution will be taken to ensure the safety of my child and should an accident occur, and medical treatment is required, every effort will be made to contact me (parent/guardian) first. However, if I cannot be reached, I give my permission to the staff of StarKidz to secure the services of a licensed physician to provide the care necessary for my child's well-being. _____(initial)

Emergency Contact (other than parents/guardians):

Name: _____

Phone: _____

Relationship to child: _____

Insurance Information:

(Policy holder)

(SSN)

(Insurance company & policy number)

Hospital of
choice: _____

Please list any allergies, current medications, medical problems, or other health
conditions we may need to be aware of:

(Parent/Guardian Signature)

(Date)