





# StarKidz After School Program Registration Form

## Release Authorization

I authorize the following people (persons over 16 years old) to pick up my child (other than Parent/Guardian):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Waiver/Authorization to Consent to Treatment of Minor

I, the undersigned parent/guardian of \_\_\_\_\_, waive any claim for injury or loss to said child that may be incurred or sustained as a result of participation and/or use of premises and equipment by said child in connection with activities conducted under the auspices of StarKidz After School.

I, the undersigned parent/guardian of \_\_\_\_\_, a minor, do hereby authorize StarKidz After School, its members, agents, employees, and volunteers as agent(s) for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed hospital, whether such diagnosis or treatment is rendered at the office of said hospital.

It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable.

This authorization shall remain effective, unless revoked in writing and delivered to StarKidz After School.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Information

Diagnosed medical conditions: (Check all that apply)

Epilepsy  ADD  ADHD  Autism  Asthma  Other \_\_\_\_\_

List All Medications Currently Taking (Parent/Guardian Must Send to Facility)


List Known Allergies (Check to indicate Life Threatening)


Physical Limitations/Activity Restrictions: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_