

**StarKidz Summer Camp**  
**Medical Release and Waiver**

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mom's/Guardian Name: \_\_\_\_\_

Mom's/Guardian Cell: \_\_\_\_\_

Mom's/Guardian Email: \_\_\_\_\_

Mom's/Guardian Address: \_\_\_\_\_

Dad's/Guardian Name : \_\_\_\_\_

Dad's/Guardian Cell: \_\_\_\_\_

Dad's/Guardian Email: \_\_\_\_\_

Dad's/Guardian Address: \_\_\_\_\_

**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. 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 Contacts (other than parent's/guardians):**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Insurance Information:**

Policy Holder: \_\_\_\_\_

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:** \_\_\_\_\_