

# Star Homeschool Academy Medical Release

*One form per student with a minimum of one parent signature required.*

Print, sign, and send to Star Registration, 170 E. Yorba Linda Blvd #1010, Placentia CA 92870

OR scan and email to registration@starhomeschool.com

In the rare instance of a medical emergency at a Star Homeschool Academy sponsored activity in which the parents cannot be reached, we will need the following information, including the signed release below, which covers the student enrolled in a Star Homeschool Academy program.

Student's full name \_\_\_\_\_ Gender: male female

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance provider \_\_\_\_\_ Account # \_\_\_\_\_

Physician \_\_\_\_\_  
Name Phone number

Physician's address \_\_\_\_\_

Is student taking any medication? No Yes Specify \_\_\_\_\_  
Name of medication

Allergic to \_\_\_\_\_

Health conditions \_\_\_\_\_

Restricted activities or foods \_\_\_\_\_

I (we), the undersigned parent, parents or legal guardian of the student named above, a minor, do hereby request that he/she be permitted to participate in any Star Homeschool Academy activity; should the need arise, I do hereby authorize and consent to any X-ray examination, anesthetic, and medical or surgical diagnosis rendered under the general or special supervision of any member of the medical and emergency room staff licensed under the provisions of the Medicine Practice Act, Dentist licensed under the provisions of the Dental Practice Act, and the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care that the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable Star Homeschool Academy, its officers, or employees responsible for medical aid rendered and will reimburse Star for medical or other expenses incurred in the care of my student. This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the student listed at the top of this document. Star Homeschool Academy does not pay physician fees or medical expenses of students who are injured at Star Homeschool Academy classes or at Star Homeschool Academy sponsored activities.

**Father/Legal Guardian** Primary phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_  
Print

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Original signature required

**Mother/Legal Guardian** Primary phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_  
Print

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Original signature required

## Local Emergency Contacts (Other than parents)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary phone (\_\_\_\_) \_\_\_\_\_ Secondary phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary phone (\_\_\_\_) \_\_\_\_\_ Secondary phone (\_\_\_\_) \_\_\_\_\_