MEDICAL RELEASE INFORMATION

Applicant's Physician: _____ Phone: _____

Address of Practice: _____
Street City State Zip

Applicant's Dentist: _____ Phone: _____

Address of Practice: _____
Street City State Zip

In case of emergency, do we have permission to take your child to a qualified medical doctor, dentist or hospital, if necessary?
☐ Yes ☐ No

I give permission to the school nurse to give my child Tylenol if necessary without contacting me. ☐Yes ☐No

The undersigned, as the parent(s)/guardian(s) of _____ do hereby consent to any and all medical treatments which may be deemed advisable by our or any qualified doctor selected by the agents of Daystar Academy. The intention, hereof, is to grant authority to administer and to perform all the necessary emergency examinations, treatments, and diagnostic procedures that may occur during the course of the patient's care, be deemed advisable or necessary by a qualified medical doctor in cases where the parents/guardians cannot be reached immediately. I understand that the school will make every effort to reach the parent(s)/guardian(s) in case of an injury to my child. I also agree to accept responsibility for the cost of the above medical services.

I give my permission and approval for the above named child to participate in any athletic team, group or associated activities, or field trips supervised by the staff of Daystar Academy.

I assume all risks and hazards incidental to such participation, including transportation to and from activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless the school, organizer, sponsors, supervisors, participants, and persons transporting my child, wheather the result of negligence or any other cause, except to the extent and amount covered by accident or liability insurance.

The applicant is covered by medical insurance: _____
Name of Insurance Company Policy #

_____ _____
Parent/Guardian Signature Date