

**Success Through Active Role Modeling (S.T.A.R.)
Medical Consent Form/Parent Waiver Form**

Please complete the following information form for children involved in STAR program. This form will become a part of STAR program's files for emergency and insurance purposes.

Child's name: _____ Age: _____ Sex: _____ Birth date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Emergency Information:

Parent(s) or Guardian(s) Name(s): _____

Home Phone: _____

Dad's Work Phone: _____ Dad's cell: _____ Dad's email: _____

Mom's Work Phone: _____ Mom's cell: _____ Mom's email: _____

Legal Guardian or other person having custody: _____

Home phone: _____ Alternate Phone (Work/Cell): _____

Address: _____ City: _____ Zip: _____

Alt. Emergency Contact: _____ Home Phone: _____ Work phone: _____

Allergies: _____ Special Medication: _____

Other (activity restrictions, etc.): _____

Physician's name: _____ Office phone: _____

Health Insurance Co: _____ Policy number: _____

Parent Waiver and Medical Treatment Release:

I (we), the undersigned parent(s) or legal guardians of (please print child's full name) _____ give STAR and its role models permission for my child, a minor, to attend activities and programs sponsored by STAR and its role models. I understand that they will be participating in events on equipment that could possibly result in major and/or minor injury to my child, for which I agree not to hold STAR, Corsicana ISD, or its role models responsible. I also understand that I may be held responsible for any damage or injury to others caused by my child. I further do hereby authorize and consent to medical care in the event of an emergency.. 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, which the aforementioned physician, in the exercise of his or her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the child, but any of the above treatments will not be withheld if the undersigned cannot be reached. It is further understood that the undersigned will assume full financial responsibility for all expenses incurred for any of the foregoing services.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING THE AGREEMENT, IT IS MY INTENTION TO EXEMPT AND RELIEVE THE EXPERIENCE IN THE STAR PROGRAM AND CISD FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Signature of Parent or Legal Guardian _____
Date

Signature of Parent or Legal Guardian _____
Date