

Hands On Acting! Kids On Stage!



SESSIONS			
Fall STAR		STAR-Gilroy	
Spring STAR		STAR- Video	
		STAR-San Juan Bautista	

Emergency and Medical Information/ Medical Consent and Video Release Form

Your information will be kept confidential.

PERSONAL INFORMATION

NAME OF CHILD	Last	First	Middle Initial
DATE OF BIRTH	Month	Day	Year
ADDRESS	Street Address	City	State Zip Code
HOME PHONE			

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1			
E-MAIL ADDRESS			
ADDRESS	Street Address	City	State Zip Code
HOME PHONE			
WORK PHONE			
PARENT/GUARDIAN #2			
E-MAIL ADDRESS			
ADDRESS	Street Address	City	State Zip Code
HOME PHONE			
WORK PHONE			

Celebrating 23 Years of Summer Fun!



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EMERGENCY CONTACT INFORMATION				
EMERGENCY CONTACT #1				
RELATIONSHIP TO CHILD				
ADDRESS	Street Address	City	State	Zip Code
HOME PHONE				
WORK PHONE				
EMERGENCY CONTACT #2				
RELATIONSHIP TO CHILD				
ADDRESS	Street Address	City	State	Zip Code
HOME PHONE				
WORK PHONE				

MEDICAL INFORMATION	
FAMILY PHYSICIAN	
PHONE NUMBER	
DENTIST AND/OR ORTHODONTIST	
PHONE NUMBER	
MEDICAL INSURANCE CARRIER	
POLICY NUMBER	
Tell us about any MEDICATION, if any, that your child must take during the day	
NAME OF MEDICATION	
DOSAGE	
TIME OF DAY	
REASON FOR MEDICATION	
DESCRIBE ANY RESTRICTIONS ON ACTIVITIES	
ANY OTHER CONSIDERATIONS (ALLERGIES, ETC.)	

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MEDICAL CONSENT AND VIDEO RELEASE

I grant approval for my child to participate in the Gavilan STAR Program and release Gavilan College and any STAR staff from any liability arising from his/her participation in the program. I hereby authorize the STAR staff to seek medical treatment for my child, at the nearest facility, in the event medical care is required.

In the event non-emergency medical care is required, I authorize the STAR staff to seek medical treatment through my child's physician. I understand that I am responsible for medical expenses incurred by my child and that STAR advises that I carry health insurance for my child. I give authority and permission for my child to be given medication as I have listed above.

I give authority and permission for my child's name and photograph to be included in pictures and/or video associated with the STAR Program or GavTV, Gavilan College's Educational Channel.

I have read the policies for the program and agree to adhere to them. I certify that the above information is complete and correct.

Parent/Guardian Signature

Date



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