



**Student Summer Academy Permission and Emergency Health Form**  
**SUMMER CAMP: Monday, June 8<sup>th</sup> - Thursday, June 11<sup>th</sup>**

Student's Name \_\_\_\_\_

Child's Gender: M \_\_\_\_\_ F \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Child's Birth Date : \_\_\_\_\_ Age: \_\_\_\_\_

School attended 2014/2015: \_\_\_\_\_ Grade \_\_\_\_\_

School Student **will** attend 2015/2016: \_\_\_\_\_ Grade \_\_\_\_\_

Please indicate if your child is coming as part of a group: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work or Cell Phone (\_\_\_\_\_) \_\_\_\_\_

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

Are there any health issues or special needs we should be aware of? **YES/NO**

If YES, please provide information (use back side if necessary):

\_\_\_\_\_  
\_\_\_\_\_

**In the case of illness or injury, you or your emergency contact will be notified.**

**In case of emergency notify:** (please list 2 contacts)

1) Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship to student \_\_\_\_\_

2) Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship to student \_\_\_\_\_

In the event of an accident, illness or injury, and you or the people above cannot be reached, I hereby give STARBASE Hill permission to take action as deemed necessary in the best interest of my child.

**Parent/Guardian Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

In order to encourage affirmative action, please provide the following information concerning your child's ethnic background:

White \_\_\_ Hispanic \_\_\_ Black/Afr. Amer. \_\_\_ Asian \_\_\_ Amer. Ind/Alaska Nat. \_\_\_  
Nat. Hawaiian/Pacific Islander \_\_\_ More than one race \_\_\_ Other \_\_\_

Primary Language spoken in the home: \_\_\_\_\_