

<b>★ STAR Application Form</b> one child per form please / complete both sides		Date child entered STAR .....	Date child left STAR .....
Child's Name: First, Middle, Last	Name Used	Birthdate	Sex M F
Street Address	City	Zip Code	
Mailing Address	City	Zip Code	
Child's first Parent/Guardian Name	10-digit telephone (home)	10-digit telephone (work)	
Street Address	City	Zip Code	
Parent's Email Address			
Where can you be reached while child is in STAR?			
Street Address	City	Zip Code	
Child's second Parent/Guardian Name	10-digit telephone (home)	10-digit telephone (work)	
Street Address	City	Zip Code	
Parent's Email Address			
Where can you be reached while child is in STAR?			
Street Address	City	Zip Code	
<b>OTHER PEOPLE TO NOTIFY IN CASE OF EMERGENCY AND WHO HAVE YOUR PERMISSION TO PICK UP YOUR CHILD</b>			
Name/Relationship:	Address	10-digit telephone	
		work:	
		home:	
		work:	
		home:	
		work:	
		home:	
		work:	
		home:	
<b>WHO DOES <u>NOT</u> HAVE PERMISSION TO PICK UP YOUR CHILD?</b>			
Name	Reason		
<b>IS YOUR CHILD ALLOWED TO WALK HOME ALONE FROM STAR?</b>			
Check one: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify a time below.			
I authorize my child to leave STAR daily <b>unaccompanied</b> at the following time: ..... PM			
.....		.....	
Parent/Guardian signature		Date	

**CHILD'S HEALTH INFORMATION - STAR Application Form page 2 of 2**

Child's Health Care Provider, Name & Address	10-digit telephone	Date of last physical exam
Special Health Problems, including developmental concerns:	Allergies, including drug reactions	
Current Medications	Other Pertinent Data	
Child's Dentist, Name and Address	10-digit telephone	

**CHILD'S MEDICAL INSURANCE COVERAGE**

Insurance Company Name	Member	Policy Number
Policy Holder Name	Employer Name	

**CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN**

**When I cannot be contacted**, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child (name).....by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

.....  
 Parent/Guardian signature Date

**Certificate of Immunization Status (CIS) Release** I authorize San Juan Island School District to release a copy of my child's CIS

(child's name)..... to San Juan Island Park and Recreation District.

.....  
 Parent/Guardian signature Date

**SUNSCREEN RELEASE:** I authorize Island Rec staff to apply sunscreen to my child as appropriate.

.....  
 Parent/Guardian signature Date

**WAIVER:** I understand that there are risks of physical injury while participating in the STAR program. I realize insurance coverage is not provided for the participant and I will assume financial responsibility for any costs relating to any accident or injury that might occur through participation in the program. I will not hold San Juan Island Park & Rereation District (Island Rec) or San Juan County or San Juan Island School District, employees, volunteers or anyone otherwise involved in the program responsible for any accident or injury that might occur.

.....  
 Parent/Guardian signature Date

**FIELD TRIP AUTHORIZATION:** I authorize my child to participate in STAR field trips using Island Rec's van or by walking, and understand that I will be notified in advance of every trip via email.

.....  
 Parent/Guardian signature Date