

BAY AREA HOMESCHOOL ACADEMY

2022-2023 Student Release and Medical Waiver

FAMILY NAME:		
PARENTAL CONSENT		
I,, a	, as the responsible party and/or legal guardian, give permission for	
my student(s),		
Homeschool Academy program for the 2022-20	023 school year.	
LIABILITY RELEASE: I, as the responsible parmy student(s) to participate in all on site BAHA fand furthermore, I release any and all BAHA fand further claims for accidental personal injury, so the incurred during my student(s) time in class for esponsible for any such incident in any capacitation.	A classroom assignments and activities that faculty (teachers, directors, SHS, etc.) from sickness, OR property damage or expenses or on campus with BAHA. I recognize that	apply to my student(s). any and all liability, of any nature that could
MEDICAL TREATMENT PERMISSION: In of member present on BAHA campus, to consent physician to be given to the minor student(s) in guardian of the student(s) will be liable for all case of a medical emergency.	to any medical treatment recommended by n need. And I agree that I, as the responsib	a qualified paramedic o le party and/or legal
Name of Student	xSignature of student	 Date
	x	
Name of parent/guardian	Signature of parent/guardian	Date

MEDICAL INFORMATION

STUDENT INFORMATION (Please Print)	
Student Name	DOB
PARENT/GUARDIAN CONTACT INFO	RMATION
Parent/Guardian Name(s):	
List all parent/guardian contact phone nui	mbers in best order to be reached:
EMERGENCY CONTACTS	
Name:	Relation:
Phone(s):	
PRIMARY CARE PHYSICIAN	
Name:	Phone:
Address:	
INSURANCE INFORMATION	
Medical Insurance Company:	Phone:
Policy/Group ID#:	
Policy Holder's Name (please print):	
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Parent/Guardian Signature	Date