BAY AREA HOMESCHOOL ACADEMY

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2024-2025 Student Release and Medical Waiver

FAMILY NAME:

PARENTAL CONSENT

I, _____, as the responsible party and/or legal guardian, give permission for my student(s),

_____ to attend and participate in the Bay Area Homeschool Academy program for the

2024-2025 school year.

LIABILITY RELEASE: I, as the responsible party and/or legal guardian of said student(s) give my permission for my student(s) to participate in all on site BAHA classroom assignments and activities that apply to my student(s). And furthermore, I release any and all BAHA faculty (teachers, directors, SHS, etc.) from any and all liability, whether claims for accidental personal injury, sickness, OR property damage or expenses of any nature that could be incurred during my student(s) time in class or on campus with BAHA. I recognize that BAHA is not held responsible for any such incident in any capacity.

MEDICAL TREATMENT PERMISSION: In case of an emergency, I authorize a responsible BAHA faculty member present on BAHA campus, to consent to any medical treatment recommended by a qualified paramedic or physician to be given to the minor student(s) in need. And I agree that I, as the responsible party and/or legal guardian of the student(s) will be liable for all costs or expenses incurred in the connection to the services given in case of a medical emergency.

_____
Name of Student(s)

_____
Print Name of Parent/Guardian

x_____ _____
Signature of Parent/Guardian Date

MEDICAL INFORMATION

STUDENT INFORMATION (*Please Print)*

Student Name _____ DOB _____

Student Name _____ DOB _____

Student Name _____ DOB _____

Student Name _____ DOB _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): _____

List all parent/guardian contact phone numbers 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): _____

x _____ _____

Parent/Guardian Signature Date