
SAN ANTONIO ACADEMY ENRICHMENT DEPARTMENT

Cathy Cummins, Director

STUDENT NAME: _____ MALE: _____ FEMALE: _____

DATE OF BIRTH: _____ AGE: _____ SCHOOL: _____ GRADE: _____

MOTHER'S NAME: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

FATHER'S NAME: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

CHILD RELEASE AUTHORIZATION

(In addition to parents) my child may be released to the following:

Name: _____ Relationship to child: _____

Phone: _____

Name: _____ Relationship to child: _____

Phone: _____

HEALTH INFORMATION

Physician: _____ Phone: _____

Current Health Problems or Concerns:

Medications taken on a regular basis: _____

Allergies: _____

Other information pertinent to your child's participation in these classes:

I give permission for Cathy Cummins or other staff members' assumption of parental privilege in all EMERGENCY medical and general health situations. I understand that Cathy Cummins and San Antonio Academy accept no responsibility for medical liability and I will be billed for any medical expenses incurred.

Signature of Parent or Guardian

Date
