

Please complete each item on both sides of form.

Sign at each of the 3 places marked with an X. Return to your teacher.



Student Academy Application and Emergency Health Form

Student's Name _____
Last First Middle

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) - _____ Work Phone (____) - _____

Child's Gender: M ____ F ____ Birth Date : _____ Age: ____

Parish: _____ School: _____

Teacher's Name: _____

Are there any health problems of which we should be aware? If so, please list them and any precautions that should be taken. (Use separate paper, if necessary):

Health Insurance Company: _____ Policy Number: _____
Medicaid ID _____

In case of emergency notify: Name _____

Phone: (____) - _____ Relationship to student _____

If you would like your child taken only to a specific medical facility, please give the name and city: _____ in _____.

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

Parent/Guardian Signature: **X** _____ Date: _____

OPTIONAL: For statistical purposes, please provide the following information concerning ethnic background:

American Indian ____ Asian ____ African American ____ Pacific Islander ____

Hispanic ____ White ____ Multi Racial ____ Home language: _____

Statement of Understanding Hold Harmless Agreement

I acknowledge that I, _____ acting as legal guardian
Parent/Guardian name

of _____ do hereby grant my permission for
Student's name

_____ to participate in the STARBASE Louisiana program.
Student's name

I will take full responsibility for any damage that might occur to government and/or STARBASE Louisiana property if damage was maliciously caused by my child.

In consideration of the United States Air Force allowing me or my children to use Barksdale Air Force Base property, facilities, and equipment, I, the undersigned, do agree to forever hold harmless Barksdale Air Force Base, United States Air Force Reserve, STARBASE Louisiana, and the United States of America, its members, employees, and agents, whether acting officially or unofficially, from any and all actions, claims, and demands by reason of any damage, loss, or injury (including death) which may be sustained to me or my children, and arising out of, or incidental to participation in STARBASE Louisiana.

I also understand that STARBASE Louisiana reserves the right to terminate the participation of my child when it is deemed to be in the best interest of either my child, other students, or the program as determined by the STARBASE Louisiana staff.

X _____

Signature of Student

_____ Date

X _____

Signature of Parent / Guardian

_____ Date

Permission for Publication of Student Photo Release Form

At STARBASE Louisiana it is our practice when preparing work for external publications, videos, and publicity, to seek parent permission before including a child's image. In order to include your child's photo in any STARBASE Louisiana project, we must have your signed permission. We do not release **any** personally identifiable information, including school names or student names, with photographs used in publications or online without additional express written consent. Permission granted below **does not** include the allowance of personal information. Please review the information, sign it, and return it to a STARBASE Louisiana staff member.

As parent/guardian of _____
Student's Name

I hereby grant permission for my child to appear in a photograph, video or digital imagery that will be used by STARBASE Louisiana. STARBASE Louisiana will hold any and all rights to include these images, in any format or media, and to grant permission for its use in outside publications.

X _____

Signature of Parent/Guardian

_____ Date