

**HERRIN COMMUNITY UNIT SCHOOL DISTRICT NO. 4
STARS AFTER-SCHOOL PROGRAM**

PARENTAL CONSENT FORM FOR EMERGENCY TREATMENT

I, _____, parent (or legal guardian) of

_____ this _____ day of _____, 20____, am a resident of the Herrin Community Unit School District No. 4 and agree to allow my child to participate in the after-school program. I hereby authorize, and consent to the school district, its employees and agents, and Dr. _____, my child's physician, or any physician in his or her group practice, in my behalf and in my stead, to administer emergency medical treatment to my child while participating in the above named supervised school activity. This permission and consent extends to the right of Herrin CUSD No. 4, its employees and agents, to arrange for immediate medical treatment by a licensed or certified physician and/or other medical personnel, and for them to apply such emergency techniques which, in their judgment, they deem appropriate to treat any injury sustained by my child. In addition, I acknowledge and consent that the school district, its employees and agents shall not be liable for having made a decision to authorize the administration of emergency medical treatment to my child. As a parent (guardian), I assume full responsibility for any injuries or damages which may occur to my child while participating in a supervised school activity.

Signature of Parent/Guardian _____

Parent/Guardian of: _____

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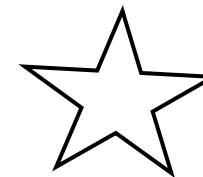
AUTHORIZATION FOR PICK-UP

Student Name: _____

Address: _____

City/State/Zip: _____

Parent Name: _____



The following have permission to pick up the above listed student from the **STARS After-School Program**:

NAME ADDRESS PHONE Email RELATIONSHIP

Parent Signature: _____

Date: _____