



## AUTHORIZATION FOR TREATMENT ON-SITE MEDS & EMERGENCY CONTACT INFORMATION

All forms MUST be read, completed, signed by a parent or legal guardian, and on file with ROC Star Academy prior to your child's first day in our program.

Date(s) attending \_\_\_\_\_

Musician's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Ph: (\_\_\_\_) \_\_\_\_\_ Evening Ph: (\_\_\_\_) \_\_\_\_\_

In Case of Emergency (and I cannot be reached) please notify:

Emergency Contact #1 Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Alternate Ph: (\_\_\_\_) \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Alternate Ph: (\_\_\_\_) \_\_\_\_\_

**Attention Parents:** ROC Star Academy's programs provide a unique learning situation where individual expression and teamwork go hand-in-hand. In order to help your child get the most out of their time at ROC Star Academy, we ask that you provide us with personal information regarding any learning, behavioral, or personal difficulties they may have. Please include this on a separate piece of paper and attach it to the health form. Any information you provide will be kept in confidence and will only be used to help provide a healthy learning environment for your child. If we are not aware of your child's needs, we cannot help. With your help, we can make this program one of the most enjoyable educational experiences that your child will ever have.



List any medications being taken by your child on a regular basis including non-prescription drugs. Make sure that your child arrives at ROC Star Academy each day with the exact amount of medication needed for that day. Keep all medications in their original packaging or pharmacy bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and frequency of administration. All medications must be given to the program director or administrative assistant when the child arrives each day.

My child takes no medication \_\_\_\_\_

My child takes the following medication(s): (Attach an additional piece of paper if more space is needed)

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Specific Time(s) of day \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Musician's Primary Physician:

Physician Name: \_\_\_\_\_ Ph: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**Release for Treatment:** This health form is correct to the best of my knowledge, and the musician named above has permission to participate in all program activities except as noted by the examining physician or myself. I hereby give permission to the medical personnel selected by the program director to order x-rays, routine tests, and treatment for my child, and, in the event that I and my emergency contact or Physician cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, order injection and/or anesthesia and/or surgery for my child as named above. I understand that an attempt will be made to contact me in the event that medical care is needed, and that I am responsible for all medical costs incurred in treating my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attention Parents:** Under state law all medications must be administered through the ROC Star Academy program director or administrative assistant and must be provided in original packaging or clearly marked pharmacy container.

To complete your registration, please send completed forms by MAIL to: ROC Star Academy, 349-3 W. Commercial St, East Rochester, NY 14445 or E-MAIL to: [jessica@rocstaracademy.com](mailto:jessica@rocstaracademy.com)



## RELEASE FORM

In order for your child to attend ROC Star Academy programs, all forms **MUST BE** on file with the ROC Star Academy. The sooner you get them in... the better! We need you to **READ OUR POLICIES!!** Visit [www.rocstaracademy.com](http://www.rocstaracademy.com) and click on *Our Policies* in the footer to read this important information.

If you have questions or need policies or forms sent to you via regular mail, please give us a call at (585) 820-3264.

### PARENT: CANCELLATION POLICY, TUITION POLICY, IMAGES & RECORDING RELEASE

I hereby certify that I am the parent or guardian of \_\_\_\_\_  
and I have read, understand, and agree to all the above named ROC Star Academy policies.

Also, please select one:

Still images or recordings of my child may be used for promotional purposes (display ads, social posts, brochure, posters, flyers, or on the website). Musicians' names will not be disclosed or published.

I do not give permission for images and/or recordings of my child to be used for promotional purposes.

Parent/Guardians' Signature \_\_\_\_\_

Parent/Guardian's Printed Name \_\_\_\_\_

### CODE OF CONDUCT

I hereby certify that I have read, understand, and agree to the ROC Star Academy Code of Conduct.

Musician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Musician's Printed Name \_\_\_\_\_

PLEASE MAIL TO: 349-3 West Commercial Street, East Rochester, NY 14445

OR E-MAIL TO: [jessica@rocstaracademy.com](mailto:jessica@rocstaracademy.com)