



**Destined for a Dream Emergency Contact/Parental Consent Form**

**2023 -Dream Academy**

**Program Registration Form**

**Section I: Student's Information:** *Please print clearly*

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Registration FEE: \_\_\_\_\_

Date: \_\_\_\_\_

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Student's Cell Phone Number \_\_\_\_\_

Student's Email: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ School District: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION (Please Print)**

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*Please print clearly:*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

**Notes:**



**Students Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Emergency and Medical Information**

*\*\*The people listed below should be responsible individuals who can: 1) give permission to administer health care;2) pick up your child in the event of early dismissal or illness; and 3) have the authority to speak on behalf of the parent or legal guardian\*\**

_____	_____	_____	_____
Full Name	Relationship	Home Number	Cell/Work Number
_____	_____	_____	_____
Full Name	Relationship	Home Number	Cell/Work Number

Parent Initials: \_\_\_\_\_

_____	_____
Family Physician	Physician Phone Number

My child has allergies which are: \_\_\_\_\_

My child has medical concerns or special needs which are: \_\_\_\_\_

My child takes medication (s) which are: \_\_\_\_\_

**PARENTS "INITIALS" IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT**

**OBTAINING EMERGENCY MEDICAL CARE** \_\_\_\_\_ **ADMIN of MINOR First-Aid Procedures** \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
DATE

