

GRACE CHURCH SCHOOL PERMISSION FORM 2017-2018

CHILD'S NAME _____

DATE OF BIRTH _____ CLASS _____

A. MEDICAL TREATMENT CONSENT AND INFORMATION

I hereby authorize the School personnel to consent to any necessary or appropriate emergency procedures, including medications for my child, _____ (name of child), and any provider of any such services or procedure is authorized to act pursuant to such consent. I also authorize School personnel to expend on my behalf all amounts that they believe to be necessary or appropriate in connection with any emergency condition that may arise with my child. I agree to reimburse the school for any such amounts and hereby release the School and its personnel from any liability for the health, safety and welfare of my child that may arise out of any emergency treatment. The information provided on this form is accurate and complete.

SIGNED _____ DATE _____

PEDIATRICIAN NAME _____

ADDRESS _____ PHONE # _____

PERTINENT MEDICAL CONDITIONS

ALLERGIES

MY CHILD HAS AN EPI-PEN (IF YES, ALSO COMPLETE EPI-PEN CONSENT FORM): YES NO

B. SCHOOL TRIP PERMISSION

I give my child permission to go on local walking trips with his/her class at Grace Church School.

SIGNED _____ DATE _____

C. PUBLICATION AND WEBSITE PHOTO PERMISSION

During the school year we often take pictures of children engaged in classroom or special event activities. We would like to know if we have your permission to use photos that have your child in them on our website or in an internal publication. We will never use names of parents or children on our website.

- YES** I am granting permission for Grace Church School to use photos of my child on its website or in an internal publication.
- NO** I do not want Grace Church School to use photos of my child on its website or in an internal publication.

SIGNED _____ DATE _____