

Authorization Forms

AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND FIRST AID

I, _____, hereby authorize the staff of Springview Academy to give consent for any and all necessary medical and first aid care for my child, _____, should an emergency arise. I understand that a conscientious effort will be made to locate me before medical action will be taken, but if this is not possible, I will accept the expenses of emergency medical care or treatment that is given to my child.

Parent Signature: _____ Date: _____

AUTHORIZATION TO BE PHOTOGRAPHED

I, _____, hereby give permission for my child to be photographed while at school.

- I give permission for photos taken at school to be used on the Academy's website or local advertising.
- My child may be photographed: however, I DO NOT give permission for my child's photo to be posted on the website or used for advertising.

Parent Signature: _____ Date: _____

ACKNOWLEDGEMENT OF BABYSITTING POLICY

I, _____, hereby understand that NO employee of Springview Academy, past or present, may transport or baby sit my child once they are enrolled at Springview Academy.

Parent Signature: _____ Date: _____