

PALM COAST CHRISTIAN ACADEMY
LIABILITY RELEASE WITH PARENTAL CONSENT
FOR MEDICAL/EMERGENCY TREATMENT AND TRANSPORTATION

CHILD'S NAME _____ DOB _____

The undersigned (s) being the lawful parent (s) and/or guardian (s) of the above child, hereby consent to the participation by the child in all day care activities conducted by Palm Coast Christian Academy Daycare and to the participation of the child in all events related to said activities.

The undersigned hereby further authorize (s) any of the staff, employees, agents and representatives of Palm Coast Christian Academy Daycare to provide for, approved and authorize ant health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child., Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures.

The undersigned(s) hereby further authorize (s) emergency transportation by either day care personnel or if necessary, by ambulance or other emergency vehicle.

If there is no medical emergency, the day care staff will first make reasonable efforts to contact the parent (s) and /or guardian (s) before administering or authorizing any treatment.

Notwithstanding other provisions in this consent form, Palm Coast Christian Academy Daycare shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

The day care is well child-proofed, and the children are constantly well supervised.

However, accidents do happen. The undersigned (s) assume (s) all risk or injury or harm to the child associated with participation in the day care and agree (s) to release, indemnify, defend and forever discharge Palm Coast Christian Academy Daycare and it's staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect to death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the day care.

SIGNATURE OF PARENT/GUARDIAN _____
DATE _____

RELEASE FROM LIABILITY

I hereby give my child _____ permission to participate in the field trip sponsored by United Methodist Christian School (UMCS). I understand that an adult authorized by the School will drive my child. In the event the school must evacuate due to severe weather conditions, fire, etc., the bus, if available, will be used to transport UMCS children to a safe location. I hereby release, indemnify and hold United Methodist Christian School, Palm Coast United Methodist Church, and any adult chaperone harmless from any claims from injuries to my child which were not the result of gross negligence by any School agent or employee.

Parent Signature

Date

On occasion, your child may be photographed while at United Methodist Christian School. I hereby give or do not give the school permission to publish, or use photographs of my child made through any media at the school, for art, advertising, internet website or any other lawful purpose. These pictures may be used in conjunction with his/her own or fictitious name.
Permission to be photographed:

Yes No

Parents/Guardians are to provide sunscreen for children's use during outdoor functions. If not provided, I hereby authorize staff to provide No-Ad SPF #30 Kid's Sun Block for my child's use at functions where sunscreen is necessary for my child's protection. No sunscreen shall be applied without the signed permission of parent or guardian.
Permission to apply sunscreen when needed:

Yes No

Permission to apply "over the counter" topical medication: Benadryl Cream - Original Strength (1%) or Neosporin when needed; Medication to be applied as needed for insect bites, minor cuts and scrapes.
Permission to apply "over the counter" topical medication:

Yes No

Password to be used when giving permission for someone, other than contact person(s) you listed on reverse, to pick up your child. Only school administration and parents should know this password: _____
to identify you as the caller. Persons not known to staff will be required to show picture identification.

Signature of Parent/Guardian

Date

UNITED METHODIST CHRISTIAN SCHOOL

PALM COAST CHRISTIAN ACADEMY

PHOTO RELEASE FORM

Palm Coast Christian Academy teachers and staff take pictures of the students as they are learning and playing throughout the year. We post these pictures on Facebook so families and friends can get a peek into our world. We will never put names on the children's photos. Please let us know if you have any questions or concerns.

_____ Yes! I give permission for my child to be photographed and included on the school Facebook page.

_____ No! I do not give permission for my child to be photographed and do not include my child on the school Facebook page.

UNITED METHODIST CHRISTIAN SCHOOL

PALM COAST CHRISTIAN ACADEMY

LUNCH and SNACK POLICY/ALLERGIES

Palm Coast Christian Academy does not provide snacks or meals to our students on a daily basis. Families are responsible to provide a healthy morning snack, a balanced nutritious lunch, and a healthy afternoon snack. Children are required to bring a water bottle or sippy cup labeled with their first and last names every day.

A few times throughout the year, classes will participate in a class or holiday party. Please let us know if your child has any food allergy(ies).

_____ Yes! My child is allergic to _____

_____ No! My child has no known allergies.

Would you like your child to participate in class or holiday parties and special events?

_____ Yes! My child is allowed to eat school and/or family provided food in the classroom.

_____ No! My child is not allowed to eat school and/or family provided food in the classroom.

CHILD'S NAME _____

PARENT/GUARDIAN SIGNATURE _____