ALL SAINTS' EPISCOPAL DAY SCHOOL

Est. 1960

2022-2023 AUTHORIZATION FORMS

Grade: _____

MEDICAL AUTHORIZATION AND RELEASE

This form constitutes a permission statement that must be signed by a parent or guardian.
All of the information on this form is confidential and will not be released to unauthorized persons.

Student's Name: _____ Age: _____ Date of Birth: ___/___/____
First Middle Last

I UNDERSTAND THAT A LICENSED HEALTH CARE PROVIDER IS NOT EMPLOYED BY ALL SAINTS' EPISCOPAL DAY SCHOOL TO ADMINISTER MEDICATION. I GIVE MY PERMISSION FOR SCHOOL PERSONNEL TO ADMINISTER PRESCRIBED MEDICATIONS, WHICH I HAVE LISTED BELOW.

*Medications:*_____

*Medical Conditions:*_____

Allergies: _____

Insurance Co: _____ ID or Policy #: _____

I, the undersigned, do hereby authorize officials at All Saints' Episcopal Day School to contact directly the persons named on my child's EMERGENCY FORM and do authorize the named physicians/hospital to render such treatment as may be deemed necessary in any emergency for health of said child. In the event that parents, guardians, physicians, or other persons named on my child's EMERGENCY FORM cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

I agree that I will not hold All Saints' Episcopal Day School nor any employee of All Saints' Episcopal Day School responsible for any injury or damage to said child resulting from the emergency care and/or transportation for said child. I further agree that I will not hold All Saints' Episcopal Day School nor any employee of All Saints' Episcopal Day School responsible financially for any expenses that may result from the emergency care and/or transportation for said child.

Signature of Parent/Guardian: _____ Date: _____

PERMISSION FOR FIELD TRIPS (3K-6th)

I do hereby grant permission for my child, listed below, to participate in any field trip sponsored by All Saints' Episcopal Day School throughout the year.

Student: _____ Grade:_____

Signature of Parent/Guardian: _____ Date: _____

Should my child sustain or incur any accident or illness on an All Saints' Episcopal Day School field trip, I hereby authorize an All Saints' Episcopal Day School employee or chaperone to execute any and all documents, including any necessary releases, which might be required by any medical facility to perform any emergency care on my behalf.

I further agree that I will not hold All Saints' Episcopal Day School, employees of All Saints' Episcopal Day School, chaperone and/or driver for All Saints' Episcopal Day School responsible for any injury or damage sustained by my child while participating in an All Saints' Episcopal Day School field trip.

Signature of Parent/Guardian: _____ Date:_____

PUBLICITY RELEASE

Photographs of our students and/or information about our school activities are published regularly on our monthly calendar, on our website, or through other media. Your child's photograph or name (individually or in a group) will be *included or excluded*, according to this authorization form. Please read the options carefully and indicate your choice by checking ONE of the following:

____ A. I <u>give</u> permission for the release of my child's personally identifiable data (photographs, honor roll, awards, etc.) to the media (school website, TV, newspapers, radio, advertising, etc.

____ B. I <u>do not give</u> permission for the release of my child's personally identifiable data (photographs, honor roll, awards, etc.) to the media (school website, TV, newspapers, radio, advertising, etc.

Student: _____ Grade: _____

Signature of Parent/Guardian: _____ Date: _____