

MOUNT PISGAH AFTER SCHOOL

PERMISSION FORMS

Please read carefully, initial each section if applicable, and sign and date at the bottom of form

CONSENT to MEDICAL TREATMENT

_____ * My initials indicate that I do hereby agree with and consent to the provision or acquisition of medical treatment for my child(ren) by Mount Pisgah Christian School employees or agents as follows:

I understand that in the event of a major medical problem with Student, including but not limited to an 'emergency' as defined in O.C.G.A. §31-9-3, which Mount Pisgah Christian School believes requires immediate medical attention, Mount Pisgah Christian School will make reasonable efforts to contact the parents or guardians. In the event the parent or guardian cannot be readily reached or, given the nature of the emergency it is not reasonable to try to reach the parent or guardian, I HEREBY CONSENT AND ACKNOWLEDGE that in my absence the employees and agents of Mount Pisgah Christian School stand in *loco parentis* for me pursuant to O.C.G.A. §31-9-2 and may act on my behalf in administering first aid to my child(ren) and in engaging licensed medical personnel and granting them permission to evaluate and treat my child(ren) and I give my consent to such medical treatment deemed necessary by such licensed medical personnel including surgery, x-ray examinations, and rendering anesthesia or medication.

I consent to the transportation of my child(ren) to the facilities of licensed medical personnel in whatever manner deemed safest and most appropriate for my child(ren) in the judgment of Mount Pisgah Christian School.

I understand that I am responsible for the costs of any treatment provided to my child(ren). I authorize my insurance company to pay benefits directly to any licensed health care providers who treat my child(ren) and I further authorize the disclosure of any medical information to the insurance company for the purpose of submitting a claim.

I consent to the school nurse or other authorized personnel at Mount Pisgah Christian School administering either prescription or over-the-counter medication to my child(ren) upon the orders of a licensed physician or upon my express permission received by telephone, e-mail, or otherwise.

I agree to release, indemnify and hold harmless Mount Pisgah Christian School, along with their employees and agents, from any claims of any nature related to the treatment of Student as outlined in this consent.

If your child becomes ill or experiences an adverse reaction to a prescribed medication or is injured during the day and the illness, reaction or injury does not warrant professional medical attention or causes less than moderate discomfort to the child, the parents shall be notified in writing at the end of the day of any such occurrence.

Parents of children enrolled shall be notified, in writing, of the occurrence of any of the illnesses on the communicable disease chart, as provided by the state of Georgia Department of Health.

PUBLICITY AGREEMENT

_____ *My initials indicate I give permission for my child(ren) to be photographed/videotaped for the purpose of promoting Mount Pisgah Christian School. If you do not consent, your child will be placed on a no publicity list and withdrawn from photographs.

BUS TRANSPORTATION AGREEMENT

_____ * My initials indicate my child(ren) have permission to be transported from: *(Please circle school)*

Northwood

Hillside

Barnwell

Dolvin

Elementary school at the close of the regular school day to Mount Pisgah After School Program. I understand that transportation will be provided in Mount Pisgah buses, and that all children must wear a seat belt while riding buses and children under the age of 5 must be securely seated in a five point car seat, therefore are not eligible for pick-up. I consent to the transportation of my child in a Mount Pisgah vehicle.

****I have read and understand I must comply with all initialed agreements.****

Child(ren)'s Names

Parent/ Guardian Signature

Date