

# CONSENT FORMS



## Publication of Photograph

I give Agapé Jr Academy permission for my child's photograph and name to be included in publications such as the school's newspaper and website.

[ yes] [no]

## Temperature Check

I give Agapé Jr Academy permission to check my child's temperature in case of a suspected spike in body temperature/ fever.

[ yes] [no]

## Playground and Equipment

I give Agapé Jr Academy permission for my child to use a range of different playground equipment at recess when outside on the playfield.

[ yes] [no]

## Field Trips

I give Agapé Jr Academy permission to include my child on planned field trips that support the curriculum. This may include a walk to the printery, park, downtown Lawrenceville, and beyond, and out of state.

[ yes] [no]

# AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

**I give Agapé Jr Academy permission to call 911, transport, and treat my child, and where necessary, to admit to hospital until my arrival.**

I) (We), the undersigned, parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize a hospital or Agape Jr. Academy, Inc as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and /or surgeon on the staff of the hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all said diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective for the duration of attendance at Agapé Jr. Academy Inc, unless sooner revoked in writing to the school.

(I) (We) hereby give permission for the above mentioned student to be transported to the hospital in case of accident or injury. It is understood that the school does not assume responsibility for payment of a physician or hospital in any case; however, in an emergency the school may choose a physician, or hospital.

[ yes] [no] Signature of Parent/Guarding: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent for Internet Access

I give Agapé Jr Academy permission to use the internet service for educational programs that support the curriculum. See pp. 30-32 of the Student Discipline Hand Book.

[ yes] [no]

### Watching Videos

I give Agapé Jr Academy permission to watch videos that support the curriculum. They may include, biography, science, social studies, math, language arts, and foreign language. All videos will be previewed by the teacher and principal and deemed to be age appropriate.

[ yes] [no]

### Parent Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_