Palmetto Christian Academy
2010-2011
PARENTAL AUTHORIZATION FORM
ONE EACH REQUIRED FOR ALL STUDENTS ANNUALLY

Student's Name: _____ Date of Birth: _____ Grade in fall _____
Last **First**

Social Security Number: _____

Address: _____ Home Telephone #: _____
Street **City** **Zip**

Father's Name: _____ Business Telephone: _____ Car phone: _____

Driver's License # _____ (if planning to drive on field trips)

Mother's Name: _____ Business Telephone: _____ Car phone: _____

Driver's License # _____ (if planning to drive on field trips)

MEDIA RELEASE
I grant East Cooper Baptist Church and Palmetto Christian Academy permission to use my child's likeness/photographic image for publication in print, Internet, and other media for the purposes of promotion and/or journalistic reporting of ECBC or PCA programs and events. I understand that my child's image may be used in one or more ways, and that no remuneration will be received for use of my child's likeness. All images (including photographic prints, graphic arts, digital images, and other media) are the property of the photographer and ECBC and will not be sold. A copy of this release will be maintained in the Church Office. I release East Cooper Baptist Church and Palmetto Christian Academy from all liability, and I waive the right to preview or approve images(s) prior to publication.

Yes No

I agree to release my student's personal information (phone, address, grade level, email, etc) to be used in a published directory to every family at Palmetto Christian Academy. Yes No

In the event my child becomes ill or injured at school or in a school-related activity, **Palmetto Christian Academy** is authorized to take one or more the following actions: 1) release my child to either of the people listed below, 2) take my child to a physician indicated or; 3) take my child to the hospital and give consent to emergency care.

Local emergency numbers in case I cannot be reached:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Doctor's Name: _____ Telephone: _____

Preferred Hospital: _____ Telephone: _____

Insurance Company: _____ Policy #: _____

Name of Insured: _____ Employer: _____

I give my consent for my child to participate in **Palmetto Christian Academy** approved sports, extra-curricular activities, and field trips with transportation being provided by faculty, approved parent drivers/and or paid carriers.

I understand that by participating in physical education and athletics at **Palmetto Christian Academy**, my child will be exposed to the risk of serious injury, including, but not limited to injuries such as sprains, fractures, and injuries that could result in brain damage, paralysis and even death.

I understand that **Palmetto Christian Academy** does not assume responsibility in case an accident occurs. In consideration for my child being permitted to take part in such activities and to make such trips, I hereby waive all claims, and I release, indemnify, defend, and hold harmless **Palmetto Christian Academy,** its faculty, and board members from any and all liability claims, suits, demands, or cause of action, including all expenses of litigation and/or settlement, which may arise in connection with such activities and trips.

PLEASE LIST ANY ALLERGIES TO INTERNAL OR TOPICAL MEDICATIONS, INCLUDING LATEX:

Other medications which may be required by the student during the school hours or activities must be supplied by the parent and brought to the school in the original container properly labeled with the name of the student and identification of the medication, dosage, and the time to be administered.

Signature of Parent: _____ Date: _____

Signature of Witness: _____ Date: _____