

PERMISSION FORM

Shades Mountain Christian School

Student Name _____ Grade To Enter _____
Last First Middle

I give my permission to use my child's image taken/recorded during school events for advertising purposes.

Yes No

I give my permission for SMCS to administer the following to my child on an as needed basis (**please initial after the "yes" or "no" for each medication**).

Tylenol: Yes _____ No _____ **Advil:** Yes _____ No _____ **Benadryl:** Yes _____ No _____
Initial Initial Initial Initial Initial Initial

I would like to be called before medication is administered to my child.

In the event that my child becomes ill or is injured while under school supervision, I approve the school authorities to take the following steps:

1. Contact a parent or legal guardian of the student and follow his or her instructions.
2. In the event of an emergency when neither parent nor legal guardian can be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest clinic or hospital for consultation and/or treatment. Such transporting is to be done either by school provided transportation, or if school officials deem it necessary, by ambulance.

If in the opinion of a properly licensed and practicing physician, my child needs medical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the Executive Director or his designated representative to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the Executive Director or his designated representative, Shades Mountain Christian School and SMCS School Board from any liability which might arise from the giving of such authorization. It is my desire that my child be furnished with such medical services as soon as possible after the need arises.

Parent/Legal Guardian Signature

Date

EMERGENCY CONTACT INFORMATION (other than Parent/Guardian):

Responsible adults living in the Birmingham area to contact if Parent/Guardian cannot be reached:

Adult's Name _____ Phone (h) _____ (w) _____ (c) _____

Adult's Name _____ Phone (h) _____ (w) _____ (c) _____

Name of Child's Physician _____ Telephone _____