

Emergency Consent to Treatment

(Pick-up Permit, Photo Permit, Field Trip & Parent Driver Information)



***ACA Charleston
2518 Savannah Highway
Charleston, SC 29414***

Student's Name _____ Home Number _____
Mother's Name _____ Work Number _____
Father's Name _____ Work Number _____
or Legal Guardian _____ Work Number _____
Doctor's Name _____ Office Number _____
Choice of Hospital/Clinic _____

We, the undersigned parents or legal guardian of the above student, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital services that may be rendered. It is understood that reasonable effort will be made to contact the parent/guardian and the doctor listed above before the school calls any other physician. It is understood that this consent is given in advance of any specific diagnosis or treatment which might be required.

Present Family Health Insurance Company _____
Policy _____

The parent or Legal Guardian _____ Date _____

Pick-up Permission

The following have my permission to pick up my children during routine school times.

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

I understand that I can place others on this list during the school year. I also understand that I will need to call and talk with the teacher personally to give permission for any other person to pick up my child on an emergency basis only.

Parent's Signature _____ Date _____

Update initials _____ Date _____

Update initials _____ Date _____

(Photographic Release, Field Trip Permit & Parent Driver Info on back side)

Emergency Consent to Treatment
(Pick-up Permit, Photo Permit, Field Trip & Parent Driver Information)



Photograph Release Form

Dear Parent(s)/Guardian(s),

From time to time, we will take photographs and/or video of our students throughout the school year. For families with more than one child enrolled, a separate release is required for each student.

Check one:

_____ I/we consent that photographs and video tape taken of my/our child while attending Adventist Christian Academy may be used or reproduced by the school for educational purposes including illustrations, presentations, news media, advertising, and publications.

_____ I/we DO NOT consent that photographs and video tape taken of my/our child while attending Adventist Christian Academy for educational purposes including illustrations, presentations, news media, advertising, and publications.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Date _____

Field Trip Permit

This permission slip will allow your student to participate in all school-sponsored field trips. Additional information will be provided before each field trip regarding location, cost, and other pertinent facts. **Parents who do not wish their child to participate in a particular trip may notify the teacher in writing or by phone.**

I give permission for my child _____ to go on field trips sponsored by ACA during the school year.

Parent/Guardian Signature _____ Date _____

I would be glad to drive on some field trips. My vehicle insurance company is _____
_____. My current policy is up-to-date until (month/year) _____.

My liability/medical coverage is \$ _____ / \$ _____ (must be \$100,000/\$300,000 minimum.) If driving students other than your child, each volunteer driver must go through our volunteer screening program. Please inquire at the office for the proper web address to complete the screening program online.

Video Security Camera Usage Notification

For the safety and security of our children and staff, the school uses security cameras in the public areas of the campus. These cameras are used to watch the facilities and, at times, be used to document specific events. Please initial below that you are aware of the security cameras in use at ACA. _____ initials