

The King's Academy

Consent Form for 2008-2009

Student's Name _____

Please check each section and sign below:

____ Yes ____ No **Field Trips:** I give permission for my child to go on educational field trips, cultural excursions, recreational, and sports related outings sponsored by The King's Academy, I understand that I will be notified in advance of planned activities, that my child will be will wear a seat belt while riding with a chaperon. I release The King's Academy of all liability regarding any accidents or injuries my child should sustain during the field trips, cultural excursions, recreation, and sports related outings.

____ Yes ____ No **Transportation:** I give permission for my child to ride the TKA activity bus to school sponsored events and sporting events in which my child will be a participant. I understand that if the TKA activity bus is being used to transport students, then my child will be required to ride the bus to and from the event. I release the staff of The King's Academy and any representatives of the school of all responsibility in case of accident or injury my child sustains while riding the bus.

____ Yes ____ No **9th-12th Grade Only:** I give my child permission to ride the charter bus to Charlotte, NC in December to participate in the Operation Christmas Child Shoebox Project. (Samaritan's Purse with Franklin Graham.) I have read the enclosed authorization and release form, signed it and have returned it with my child's application to TKA.

____ Yes ____ No **Medication:** I authorize school personnel or designated representative of The King's Academy to administer the following over-the-counter medications to my child should it be deemed necessary: non-aspirin pain reliever (acetaminophen or ibuprofen), topical antibiotic, or sore throat lozenge. I understand that a licensed nurse is employed by TKA, but is not available at all times. *If your child needs to take any other medication at school, please follow these guidelines: **All medication that needs to be administered at school must be taken to the health room by a parent/guardian and a TKA Medication Form filled out. All medication will be kept and administered in the health room. Refills to these medications must be taken to the health room by parent.**

____ Yes ____ No **Publicity:** I give permission for my child's name, work and/or picture to be published in local newspapers, on the TKA website or in any promotional videos or publications put out by The King's Academy.

____ Yes ____ No **Testing:** The King's Academy has permission to administer academic, achievement and ability testing to my child. I understand that all results from testing will be explained to me and that all testing will become part of my child's permanent record.

____ Yes ____ No **Middle and Upper School Only - Sensitive Subjects:** I give permission for my child to participate in special presentations on the subject of personal purity during the year including topics of sexual morality. I understand that these presentations will be age appropriate and approved by the administration. I understand that I will be informed in advance when these opportunities will be scheduled, and that I am welcome to attend.

Parents are responsible for notifying the administrator, in writing, of any changes in their consent.

Signature of Parent/Guardian _____ Date _____