

Continuing Consent to Treatment and Authorization to Release Information in Cases of Emergency

I, the undersigned parent or guardian of the above mentioned student, do hereby consent to any X-ray examination, anesthetics, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor under the general or special instruction of the above named physician or any physician York Adventist Christian School may call whether such diagnosis or treatment is rendered at the office of said physician or a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed before any other physician is called by York Adventist Christian School.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize York Adventist Christian School or the physician to exercise the best judgment as to the requirement of such diagnosis or treatment. This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or York Adventist Christian School.

I hereby authorize any hospital physician or other person who has attended or examined the minor to furnish to the student accident insurance carrier or its representative any and all information with respect to any illness, medical history consultation, X-ray, or treatment and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.

Parent's Signature: _____ Date _____

Witness' Signature: _____ Date _____

Health Records

Physical and Dental Exams are required for the following grade level students. Please check the appropriate boxes.

Grade	Updated Immunizations	Physical Exam	Dental Exam	Birth Certificate	Office Use Only Updates & Notes
All Students				<input type="checkbox"/> Yes <input type="checkbox"/> No	
K & 1st Time		<input type="checkbox"/> Yes <input type="checkbox"/> No			
1st Grade			<input type="checkbox"/> Yes <input type="checkbox"/> No		
3rd Grade			<input type="checkbox"/> Yes <input type="checkbox"/> No		
6th Grade		<input type="checkbox"/> Yes <input type="checkbox"/> No			
7th Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Photo Permission

From time to time during the school year, the media may photograph our school, teachers, and students to visually explain the many varied types of programs and events which York Adventist Christian School has to offer. Those photographs or videotapes may be used in newspapers, magazines, on television or in other school publications.

I give permission for my child to be photographed for the purpose explained above.

Yes No Signature _____

Also, York Adventist Christian School has opportunity to publish and/or display student work on bulletin boards in school publications, conference and union publications and other venues.

I give permission for my child to be published/displayed for the purpose explained above.

Yes No Signature _____

Textbook Rental Agreement

I agree to pay the replacement cost of any textbooks, library materials computer software or hardware, or other learning materials assigned to my child, or any property belonging to the school, another student, teacher or staff member that my child damages beyond normal wear and tear. Parent's Signature _____ Date _____

I will treat all school books and materials with care. (3rd grade and above)

Student's Signature _____ Date _____

Due Process Statement

I have received and agree to abide by the procedures and policies as stated in the current York Adventist Christian School Handbook. I also understand that rules and policies announced by the administration during the school year will take precedence over statements previously printed in the Handbook. Parent's Signature _____ Date _____

I will abide by the school rules and policies (3rd grade and above)

Student's Signature _____ Date _____

Transportation Authorization and School Bus Information

My child has permission to ride to and from school with the following individuals. **I realize that a written notice must be sent to the school if other arrangements for transportation become necessary.** Verbal authorization for transport is not valid.

Parent's Signature _____

Date _____

Driver's Name	Phone Number	Relationship to Student

Will you be using the school district bus? Yes No Which school district? _____

Prescription Authorization

It is the policy of the Columbia Union, the Pennsylvania Conference, and this school to administer **prescription medication** during school hours only when absolutely necessary. To protect your child and other students, this permission and information form must be completed and returned to school if your child must receive prescribed medication and/or non-prescribed medication during the school day. All medication must be sent to the school in a properly labeled container with your child's name on it **Do not send unlabeled medication to school.** Any changes in type of dosage of medication must be reported to the school immediately.

Name of Medication	Time	Dosage	Physician

I give permission for the teacher or office staff to give the following prescribed medication and/or non-prescription medication to my child during school hours.

My child does not take prescription medication.

Parent's Signature _____

Date _____

Special Information

Allergies: _____

Other: _____

Personal Information Release

I agree to allow the following to be released to the Home and School Association for inclusion

into the school directory and for contact use.

Home Telephone Home Address Cell Phone Email Parent's Initial _____

Home Telephone Home Address Cell Phone Email Student's Initial _____

Consent to Field Trips

I realize that when I register my child at York Adventist Christian School that the school is automatically given my permission for my child to attend field trips unless I have indicated otherwise in writing expressing my reason(s). All field trips are regarded as school days; therefore, any absences will be handled in the manner as outlined in the School Handbook.

Parent's Signature: _____ Date _____

Student / Parent Commitment

I will strive to do my best in all that I do: homework, tests, class participation, social and physical activities, etc. I will respect others -- teacher, pastor, staff, visitors, and my fellow classmates. I agree to treat others as I would like to be treated. I will display an attitude conducive to classroom learning at all times.

Student's Signature: _____ Date _____

I acknowledge that the education of the above student is a partnership involving me, my child, and the staff of York Adventist Christian School. I agree that all the information above is correct. Additionally, I will abide by the regulations of the school as outlined in the School Handbook and any additional policies implemented throughout the school year, and to pledge our full cooperation.

Parent's Signature: _____ Date _____

Notice of Nondiscrimination

York Adventist Christian School is committed to equal educational opportunities for students and does not discriminate on the basis of race, color gender, or national origin.