

# The King's Academy Consent Form for 2010-2011

Student's Name \_\_\_\_\_

Please check each section and sign below:

\_\_\_\_\_  **Transportation:** I give permission for my child to ride the TKA activity bus or in an automobile with an adult chaperone to school sponsored events and sporting events in which my child will be a participant. I understand that I will be notified in advance of planned activities by a designated permission slip. 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 further understand that my child will wear a seatbelt when riding with a chaperone. I release the staff of The King's Academy and any representatives of the school of all responsibility in case of an accident or injury my child sustains while being transported.

\_\_\_\_\_  **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. Prescription medication also requires a signature by the prescribing physician.**

\_\_\_\_\_  **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.

\_\_\_\_\_  **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.

\_\_\_\_\_  **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 \_\_\_\_\_

