



**Please list individuals other than parents who are allowed to pick up your child.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Permission To Treat :**

I authorize the Head of School, administration employees, faculty members, and my child’s athletic coaches of Faith Christian School (“Agent”) to administer over-the-counter medication in accordance with such medication’s indications and apply bandages to my child as such Agent deems advisable and in accordance with school policy. Further, I consent on my behalf to any examination and/or medical or surgical diagnosis, or treatment (after attempting to reach me without success), including emergency or hospital care, deemed advisable and rendered by a licensed physician or certified emergency medical personnel (“Medical Attention”). It is understood that this authorization is given in advance of any specific Medical Attention, but is given to provide advanced authority of any Agent to consent to all such Medical Attention. In all cases, I acknowledge (i) that this permission creates no obligation on Faith Christian School to stock medication or medical supplies, or for any Agent to grant consent for Medical Attention, and (ii) that I will remain responsible for the associated costs.

Parent(s) Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Parent Payments:**

I am responsible for all fees pertaining to Faith Zone for the 2024-2025 school year which are due and payable on the first day of each month.

Parents(s) Signature(s) \_\_\_\_\_