



Permissions/Consents:

Permission to receive medical care

I, _____, give my permission for Faith Christian Academy to consent for my child, _____, to receive emergency medical, dental, or surgical treatment if I cannot be reached. I place the following restrictions on medical treatment: _____

In the event of an emergency, I give permission to Faith Christian Academy to call an ambulance to transport my child. I place the following restrictions on transportation: _____

Permission is granted to FCA personnel to release my child to the **Emergency Contacts** on this application. _____ initials

Permission is granted to FCA personnel to photograph or obtain video or audio recordings of my child during school hours or school related activities. These would be used for advertising and/or yearbook purposes. _____ initials

I have met with the Director or designated staff member(s), and they explained and discussed the school's statement of purpose including the preschool's policies on behavior management, reporting of abuse and neglect, health and medication, confidentiality and information disclosure, discharge policies, and grievance procedures. I am aware of my right to grieve without retaliation against my child or myself. I have been informed of my right to make a complaint to the State related to the preschool's compliance with the provisions of the WV Code 49-2B-1 et.seq. and the requirements of the Child Care Center Licensing Regulations.

Date of Child's Enrollment: _____ Today's Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____