

AUTUMN HILL ACADEMY – CONSENT FORM 2019/2020

Child's Name: _____ Age: _____

Parent/Guardian's Name: _____

DATED AT the Town of Concord in the Regional Municipality of York, this _____, day of _____, 20____.

EMERGENCY CONSENT

It is the policy of Autumn Hill Academy Inc., to notify the parent/guardians, if their child is ill, has injury or has a medical emergency. If the situation requires immediate medical intervention said parent/guardians gives consent for the staff to seek medical attention on their behalf.

I, authorize the aforementioned, to perform any, or all of the following:

1. Contact a physician
2. Contact a dentist
3. Take my child to the nearest emergency centre
4. Summon an ambulance or other emergency aid

Furthermore, if such an emergency should arise, I shall be notified as soon as possible. I also agree to assume responsibility for payment of any costs incurred by the school, on behalf my child, (e.g., ambulance fees, medical fees, transportation fees, etc.).

I also agree to release and indemnify Autumn Hill Academy, its Directors, Officers, Agents and Employees from any and all claims for damages arising from any injury or otherwise related actions to my child as a result of any accident, illness, injury or for any other reason arising from participation in any school activities; provided Autumn Hill Academy, its Directors, Agents and Employees act reasonably and responsibly in any and all situations.

Signature of Parent: _____.

GENERAL CONSENT

I authorize my children to participate in supervised neighborhood walks and fire drills, which take place off of school property. An additional permission will be issued for all field trips.

Signature of Parent: _____.

ACKNOWLEDGEMENT AND CONSENT FOR PHOTOGRAPHS AND SCHOOL WORK

I authorize my child's photograph and school work to be used for school purposes only; Autumn Hill Academy's website and on display within the school.

Signature of Parent: _____.