

# Parent's Consent Form

Please complete one form for each child enrolled in THE Children's Academy (Academy).

Name of Child \_\_\_\_\_

Please read carefully and check the appropriate response.

- Yes  No 1. Permission is given to Academy to use photographs (individual or group – still or video) of my son/daughter in their program promotion, including newspapers, news bulletins, magazines, movies, TV, displays, website, and in training materials.
- Yes  No 2. I understand that in the event of illness or injury of my child, every attempt to contact me will be made. I do give my permission for first aid to be administered by trained staff. If, in the opinion of an Academy staff member, that illness or injury needs treatment, I hereby give consent for medical treatment by a qualified doctor selected by the person in charge of the Academy.
- Yes  No 3. I have read, understand, and agree to abide by the written policies set forth in the Parent Handbook. I understand that these policies may be changed and every attempt will be made to give notice of the changes prior to implementation.
- Yes  No 5. I have received a summary of the licensing regulations.
- Yes  No 6. I agree to release the Academy, their employees, officers and directors from all liability, damages, judgments and costs incurred as a result of my child's enrollment and attendance at the Academy and the services provided by the Academy, its staff and employees, including any first aid administered by Academy staff.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Consent is given for \_\_\_\_\_ regarding the above.  
(Child's Name)