FAITH CHRISTIAN
SCHOOL

Annual Field Trip Release/Image and Technology Consent

Student's Name:

_____ **Goes by:** _____ Shirt Size: _____
(Last)   (First)   (MI)

Father's Contact # _____ **Mother's Contact #** _____

I give permission for _____ to participate in all sports and school sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 5 school days notice of all trips away from the school premises and that I may revoke permission for a specific field trip by giving a written, hand-delivered notice to the principal more than 24 hours prior to the trip. Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in these events, I/we agree to hold harmless Faith Christian, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of an accident, illness or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/We give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/We give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/We authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which in the best judgment of a licensed physician or dentist is deemed advisable. I/We agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/We also agree to be financially responsible for emergency medical transportation.

Father/Guardian's Signature: _____ **Mother/Guardian Signature:** _____
If the child lives with both parents, this release must be signed by both parents/guardians.

Physician: _____ **Phone:** _____ **Dentist:** _____ **Phone:** _____
Medical Health Insurance Provider: _____ **Policy Number:** _____
Name of insured: _____ **Date of student's last tetanus shot:** _____
Dental Insurance Provider: _____ **Policy Number:** ___ _____
Name of insured: _____ **Allergies (including medication** _____
Current Medications: _____ **Preferred Hospital:** _____
Are there any physical or medical conditions we should know about not already stated? ____Yes ____No. **If yes, please explain:** _____

IMAGE AND TECHNOLOGY CONSENT

My child has permission to:

1. **Be photographed or videotaped for school related activities?** In granting such permission I/We relinquish and give to Faith Christian, Summerville, SC, all rights to the images or negatives, and waive any right to compensation for the publication or other use of these materials. ___ **Y/N**
2. **Have work published on the Internet website, identified by first name/first initial of last name?** ___ **Y/N**
3. **Access the School Network and the Internet.** (Access to instructional software, local files, teacher-led activities, etc.) ___**Y/N**
   By answering "No," your child will not be able to access important and valuable educational resources such as the instructional software and resources for research and printing.
   In addition, I/We have read, understand and will abide by the Faith Christian Internet Access Policy and Guidelines and understand that network access is a privilege designed solely for educational purposes and any violation of the

Terms/Conditions or policies may result in losing my child's access privileges, school disciplinary action and/or appropriate legal action against my child. I also understand that this consent document remains in effect until such time as my child leaves this school or I modify the permission, in writing.

Father/Guardian's Signature: _____ **Date:** _____

Mother/Guardian's Signature: _____ **Date:** _____

As a user of the Faith Christian computer network, I agree to comply with the terms, conditions, laws, and restrictions, as they pertain to Faith Christian's Network use and Internet Access Policy:

Student Signature: _____ **Date:** _____

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