

# Parent Consent and Permission Form

This form must be notarized.

Lighthouse Christian Academy employees are considered Mandated Reporters. This means that we are required to report, using our own judgment, any signs of abuse, either physical or neglect. We are, under law, required to report to the proper authorities so that it can be investigated. Therefore, it is very important for us to communicate with each other.

If you have any questions about our policies, procedures, or growth of your child, feel free to discuss them with us.

I hereby certify that I am the Parent/Legal Guardian of : \_\_\_\_\_

I have read and agree to the policies of Lighthouse Christian Academy. By signing below I give my permission for the following:

**Photo Release:** \_\_\_\_\_ (Initials)

I give permission for my child's photograph or video image to be taken while he/she is in the care of LCA personnel. Such images may be posted in classrooms or other appropriate places within the center, used in center presentations or promotional material, or distributed to staff or clients. I understand that I may terminate this permission at any time in the future.

**Authorization for Medical Care:** \_\_\_\_\_ (Initials)

In order to meet all legal requirements, I hereby authorize the director and administrator of LCA or the person in charge in the event of his/her absence, to give my consent for any and all necessary emergency medical treatment for my child while said child is in said individual's custody. In the event of serious illness or accident, and I cannot be immediately contacted, I give my permission to have my child moved by ambulance or other conveyance to a doctor's office, clinic or hospital for immediate attention. I also assume responsibility for payment of the same.

**Authorization for Transportation:** \_\_\_\_\_ (Initials)

For field trips, transportation from school facilities, and in the event of a emergency that requires the academy to vacate the premises and I or my contacts are unreachable, I hereby authorize the administration or person in charge in the event of his/her absence, to transport my child to a safe environment until I can be reached.

"I hereby pledge to pay my financial obligations to the academy on the date due and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past-due account" . \_\_\_\_\_ (Initials)

"I give my permission for my student to take part in all school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my student because of any injury to my student at the school or during any school activity. I appreciate the standard of the academy that does not tolerate profanity, obscenity in word or action, dishonor to the Godhead, or disrespect to the personnel of the school. I hereby agree to support all regulations of the academy in the applicant's behalf and authorize this school to employ discipline as needed." \_\_\_\_\_ (Initials)

"I understand that the Lighthouse Christian Academy reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid". \_\_\_\_\_ (Initials)

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

State of Florida, County of: \_\_\_\_\_

Sworn and subscribed before me in the aforementioned State and County this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_\_, personally appeared \_\_\_\_\_

who is personally know by me or who has produced Florida Driver's License# \_\_\_\_\_ as

identification and who did not take an oath.

\_\_\_\_\_  
Notary Public, State of Florida

Commission Number: \_\_\_\_\_

Commission Expires: \_\_\_\_\_