



### AUTHORIZATION FOR MEDICAL TREATMENT AND LIABILITY RELEASE

- I give my permission for my children to participate in the Westlake Christian Academy recess, academic program, and/or interscholastic sports, and absolve Westlake Christian Academy of liability in case of accident, injury or illness.
- I authorize the staff at Westlake Christian Academy or trained paramedics to administer or seek first aid for my children as deemed necessary.
- In case of emergency, I consent to have my children transported to the nearest hospital and receive such treatment as deemed necessary by medical personnel at the hospital.
- I have read and agree to follow the policies and procedures outlined in the WCA parent/student handbook (online), including 'Communication and the Matthew 18 Principle'.
- Student insurance coverage is the responsibility of the parent. WCA does not provide medical insurance for students.
- I give consent to include our family's name and information in the WCA phone directory. I understand that my information will be given to all families registered at WCA.
- I give consent to allow my children's name and/or photograph to be utilized (without compensation) in WCA school newsletters, press releases, social media or other publicity materials.
- I give consent for lessons in which my children participate to be recorded in order to facilitate remote learning. I realize that my children will not be the subject of the recording, but may appear inadvertently.
- I give my consent for my children to be transported in privately-owned, school-owned or rental vehicles driven by WCA faculty/staff, parents, adult family members or volunteers who have submitted Driver Information Forms to the school office.
- I give consent for my children to participate in official school-related off-site events as scheduled.

Students' full names:

Child #1 \_\_\_\_\_ Child #3 \_\_\_\_\_

Child #2 \_\_\_\_\_ Child #4 \_\_\_\_\_

Public school district in which you reside: \_\_\_\_\_

Church your family attends: \_\_\_\_\_ City \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

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