

Photo Release, Field Trip Permission and Water Play Permission

I hereby grant to Cornerstone Academy and its employees, agents and assigns the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet. I also release Cornerstone Academy from any expectation of confidentiality for the underisgned minor children and myself and attest that I am the parent or legal guardian of the child listed below.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian
Signature: _____

Date: _____

Field Trip Permission Form

By signing this form, you as the parent and or legal guardian of the student participating in Cornerstone Academy programs, give permission for your son/daughter to participate in all trips away from campus (5415 Matlock Rd. Arlington, TX 76018) and agree to waive all liability against Cornerstone Academy and its employees, volunteers, or others assigned for harm to your son/daughter resulting from the risks inherent in these activities.

Recognizing that Cornerstone Academy will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release Cornerstone Academy from all responsibility and liability of any nature, including claims for injury, illness, death, loss or damage, resulting from my child's' participating in program activities. I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medication, and emergency treatment for my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by a Cornerstone Academy representative, to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above.

It is my intention that the Camp Director or teacher be treated as acting in place of parents if the person herein named is a minor. Further, it is my intention that the appropriate representatives of Cornerstone Academy be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulation promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510 (b) to the disclosure to school/camp representatives of the protected health information of the person herein described, as necessary: for school/camp representatives to be involved in the person's health care including: in the case of minors, to provide relevant information to the school/camp representatives to keep me informed of my child's health status.

Water Play Permission Form

By signing this form, you as the parent and or legal guardian of the student participating in Cornerstone Academy programs, give permission for your son/daughter to participate in all water play on and away from campus (5415 Matlock Rd. Arlington, TX 76018) and agree to waive all liability against Cornerstone Academy and its employees, volunteers, or others assigned for harm to your son/daughter resulting from the risks inherent in these activities.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Cornerstone Academy Child Release Form

I give permission for the following person/ people to pick up my child from Cornerstone Academy.

Please note that without proper identification your child will not be released to anyone.

In order to pick up a child, you must be at least 16 years of age or older. _____(initial)

Parent/Guardian: _____

Driver's License #: _____

Cell Number: _____

Work number: _____

Home number: _____

Parent/Guardian: _____

Driver's License #: _____

Cell Number: _____

Work number: _____

Home number: _____



Other _____

Driver's License #: _____

Cell Number: _____

Work number: _____

Home number: _____

relationship to child: _____

Other _____

Driver's License #: _____

Cell Number: _____

Work number: _____

Home number: _____

relationship to child: _____

Child's Name and all siblings: _____

If certain people on this list may not pick up all of your children, please explain below: _____
