



## PARENT/GUARDIAN CONSENT FORM

I authorize the placement of a picture of my child in the CCA medical binders as a means to identify my child. I understand the medical binders will be in placed within the school, such as classrooms, lunchroom and the front desk and will be for staff use only. It is understood that the reason for this medical binder is to enable Calvary Christian Academy personnel to quickly identify students at risk and to be better able to respond to potential emergencies. This authorization is valid from the date signed until revoked. \*Please send a picture of your child with this consent form.

\* Parent/Guardian – if you are authorizing placement of your child’s picture in medical binder, **please paperclip a picture of your child to this form when returning it.**

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Signature of Parent(s)/Guardian(s))

### **PARENT AGREEMENT:**

I acknowledge my participation in the management of my child’s asthma within the school setting. In the event of an emergency, I authorize Calvary Christian Academy nursing staff to administer the designated medication(s) and obtain suitable medical assistance. If nursing staff is not available, I understand according to Delaware law, staff will not be able to administer medication(s) and 911 will be immediately called. I agree to assume all costs associated with medical treatment and absolve Calvary Christian Academy and CCA employees of responsibility for any adverse reaction in spite of following the established Asthma Action Plan.

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Signature of Parent/Guardian)