

AZALEA MOUNTAIN SCHOOL
587 Haywood Road, Asheville, NC 28806
(828) 575-2557
www.azaleamountain.org

Compiled Releases and Authorizations

2015-16

Please Print Parent/Guardian Full Name: _____

Student's Name _____ Grade/Class _____

The following summary notates "yes"/"no" submissions for the attached releases and authorizations. Please Notate y=Yes or n=No:

Summary

- ___ Medical Release and Health Record Transfer Permission (3 Part Document)
- ___ Physical Disabilities
- ___ Photo/Video Release
- ___ School Directory Release
- ___ Use of Sunscreen
- ___ Field Trip Authorization
- ___ Research Data, Evaluations, and Surveys Permission
- ___ Support of School Philosophy
- ___ Late Fees Agreement
- ___ Supervision by Volunteers
- ___ Acknowledgment: Receipt of Parent Handbook

KINDERGARTEN & NURSERY ONLY:

- ___ Outside Play Permission

For Office Use Only (Exceptions, Additions, notations)

3 Part Document

Medical Release and Health Record Transfer Permission

Part 1: Authorization to Consent to Health Care for a Minor

In case of an accident or serious illness, I request that the school attempt to contact me. If the school is unable to reach me, I/we am/are the custodial parent(s), having legal custody of the above-named minor child. I/we authorize the administration, faculty and/or staff of Azalea Mountain School, adults in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care; and (ii) to consent to and authorize any health care, including the administration of anesthesia, x-ray examination, performance of operations, and other procedures by physicians, dentists and other medical personnel, except the withholding or withdrawal of life-sustaining procedures. By signing here, I/we indicate that I/we have the understanding and capacity to communicate health care decisions and that I/we am/are fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein. This Authorization To Consent To Health Care For A Minor is given pursuant to North Carolina General Statute. Section 32A-34, see <http://www.ncga.state.nc.us/gascripts/statutes/StatutesTOC.pl?Chapter=0032A>)

In case this child is involved in a medical emergency, Azalea Mountain School will attempt to contact the child's parents, physician and/or dentist listed on the health preferences form. In addition, Azalea Mountain School will take any steps necessary, as outlined in the above Authorization to Consent to Health Care for a Minor, to provide proper health care for this child. Azalea Mountain School does not assume responsibility for any costs that may be incurred for any care or treatment that your child may receive and/or does not assume liability for any injury or acute condition that he or she may experience while on the School's campus or attending field trips/outings.

Please contact us if there are any major changes in your child's information or status.

I am giving Azalea Mountain School the most accurate and up to date information available for my child, and I agree to update this information in the event of any change. I understand and agree to Azalea Mountain School's policy related to liability and medical care. In the event of an emergency, I/we hereby authorize the transfer of my child's health record to the local hospital.

Signature _____ **Date** _____

Part 3: Immunization Record or County "Religious Exemptions from Immunization" Document
Attachment to "Medical Release and Health Record Transfer Permission"

Parent/Guardian: Please circle the specific document that was/will be submitted for student enrolled

Student's Immunization Record

or

Buncombe County "Religious Exemptions from Immunization"executed document

To be attached by School office from record on file

---Please attach---

a copy of student's Immunization Record submitted by parent

or

a copy of the "Religious Exemptions from Immunization" document

Physical Disabilities:

Does your child have any physical disabilities? **Yes** _____ **No** _____

Explain:

Photo/Video Release

I hereby give permission for my son/daughter to be photographed or videotaped by Azalea Mountain School. I realize that the photo may be published in the newspaper, a magazine, or other publication as a part of Azalea Mountain School's public relations and advertising. The video may be used for educational or informational purposes regarding

the programs or curriculum at Azalea Mountain School.

Yes _____ No _____

School Directory Release

I would like our family's email address, physical address and mobile/home phone number listed in the Azalea Mountain School Directory. I understand the directory will be used for school purposes only and will not be shared with other institutions or businesses.

Yes _____ No _____

Use of Sunscreen

Yes ____ I give permission for the faculty of Azalea Mountain School to administer sunscreen that I have provided for my child.

No ____ I do not wish for my child to wear sunscreen and will not provide any for his/her use while at Azalea Mountain School.

Field Trip Authorization

I understand that I am giving general approval for my child(ren) to participate in:

1. Weekly field trips for learning in Nature (for grades classes).
2. General field trips for classroom enrichment.

Detailed information regarding specific field trips will be presented to families as the need arises.

Yes _____ No _____

Research Data, Evaluations, and Surveys Permission

Occasionally, data needs to be collected on your child's experiences, and those of your family, here at Azalea Mountain School for grant purposes. Documentation may be through conversations with the students and their families or through periodic evaluations and surveys. I give permission to Azalea Mountain School to collect such information on my child.

Yes _____ No _____

Support of School Philosophy

Parents are required to support the philosophy of Azalea Mountain School. Therefore, families agree to:

- Always treat children, other parents, faculty and staff in a respectful manner. When problems arise, contact the teacher or a Board member to ensure that the matter will be resolved in a positive manner.
- Pledge to pay fees on or before the due date and agree to the penalties identified in the enrollment agreement.
- Understand that Fundraising is a necessary and important part of the School's funding, and plan to assist with Fundraising and to donate each year at your level of ability.
- Volunteer on a regular basis to support the well-being of the School and to assist the teachers and staff as needed.
- Agree to bring students to the program consistently and in a timely manner and to pick them up at the specified time without tardiness.
- Attend parent-teacher conferences, festivals, parent meetings and special events.
- Read Azalea Mountain newsletters and on-line calendar to be aware of activities and updates, www.azaleamountain.org.
- Eliminate or limit the amount of "screen" time (e.g. television, computer, videos, Wii, etc.) in your home and for your child, especially during the school week.
- Provide healthy lunches and snacks for your child(ren).

Yes _____ No _____

Late Fees Agreement

I understand and agree to the policies on late tuition and late pick up fees. I agree to pay these fees if necessary as outlined in the Parent Handbook.

Yes _____ No _____

Supervision by Volunteers

Azalea Mountain School encourages community members to periodically volunteer in the classroom. Volunteers assist in providing the children with more individualized attention and assist the faculty in

implementing activities that need more adult supervision. All volunteers are trained by the supervising teacher. I give Azalea Mountain School permission to use volunteers in the classroom with my child present.

Yes _____ No _____

Acknowledgment: Receipt of Parent Handbook

I have received a copy of the Azalea Mountain School Parent Handbook and understand the policies it contains. I also understand that any changes to the Handbook will be made available in writing and/or on the School website: www.azaleamountain.org.

Yes _____ No _____

KINDERGARTEN AND NURSERY ONLY:

Outside Play Permission

I give permission for my child to play outside the fenced playground for supervised activities such as nature walks and gardening, valid for the duration of my child's enrollment.

Yes _____ No _____

As a parent/guardian of _____;
Printed: Student's First & Last Name

I have completed this compilation of releases and authorizations, and have provided pertinent information as of the date below, if there are changes, I will notify the School office in writing.

Parent/Guardian Signature

Date

Print Parent/Guardian Name