



Parent Authorization Form

Child's Name _____

(Last Name)

(First Name)

(Middle Initial)

Authorization for Emergency Medical and First Aid

In case of accident or emergency, I authorize the staff and director of Coppens Academy to administer any and all necessary emergency medical and first aid care for my child, _____, and take my child to the nearest hospital for emergency treatment. I authorize the administration of measures as are deemed necessary for the safety and protection of the child.

Parent / Guardian Signature _____

Date _____

Parent / Guardian Signature _____

Date _____

Director Signature _____

Date _____

Permission

I hereby give permission to Coppens Academy to photograph my child for publicity purposes, yearbook photos, and class displays. I understand that my child's name, age, and address will never be published or printed in reference to any photographs taken for commercial purposes.

Parent / Guardian Signature _____

Date _____

Director Initials _____

Date _____