

**MEDIA RELEASE**

I, the undersigned, do hereby grant or deny permission to Big Horn Christian School to use the image of my child, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but are not limited to, digital images, school newsletters, school directory, flyers, brochures, promotions, school website, photo site, online marketing, etc.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
  - Limited usage:** I want my child's image used within the BHC setting only (not in the larger community).
  - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within BHC or in the larger community. One example of this could be videos in parent education classes.
  - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
  - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by BHC for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.
  - Usage, with first name only:** I give unrestricted permission for my child's image but the use of my child's first name only.
  - Usage, with last name only:** I give unrestricted permission for my child's image but the use of my child's last name only.
  - Usage, with first and last name:** I give unrestricted permission for my child's image with the use of my child's first and last name.

Parent's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**CHILD RELEASE AUTHORIZATION LIST**

Student's Name: \_\_\_\_\_

Please list all those that are authorized to pick up your student from school, school activities, etc., and their relationship to your student. Please also inform them that they may need to show an ID.

Name:

Relationship:

_____	_____
_____	_____
_____	_____
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_____	_____

By signing this Child Release Authorization List, you are giving the above-listed persons permission to pick your student up from school and school functions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS**

I/We the undersigned parent(s) or legal guardian(s) of (the "student") hereby authorize and request school personnel to administer the over-the-counter medications marked below to the student as is deemed reasonably necessary and appropriate.

I/We the undersigned parent(s) or legal guardian(s) of (the "student") hereby authorize and request school personnel to administer the over-the-counter medications marked below to the student as is deemed reasonably necessary and appropriate.

- Pain relievers such as Ibuprofen, Acetaminophen, aspirin
- First aid ointments
- Cough drops

Check as appropriate:

- Such medications will be provided by the parent/legal guardian

AND/OR

- School personnel may provide these over-the-counter medications

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

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

Allergies: \_\_\_\_\_  
\_\_\_\_\_

- Students are not to keep medications with their personal belongings.
- All medications are to be kept by school personnel.

**EMERGENCY CONTACT AND MEDICAL INFORMATION  
CONSENT TO TREATMENT**

Only designated staff, such as the teacher or physician, will have access to the completed form. This form must be filled out at the beginning of each school year to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M  F

Parents/Guardian: \_\_\_\_\_ Lives With

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_ Lives With

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**ALTERNATIVE EMERGENCY CONTACTS**

Please give the names of two relatives or friends who have consented to assume the responsibility of your child in case of illness or accident until you can be reached. In case of any changes in the named persons, notify the school in writing.

Primary Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**EMERGENCY CONTACT AND MEDICAL INFORMATION  
CONSENT TO TREATMENT, Continued**

**MEDICAL INFORMATION**

Please give the name of your local family physician(s) to be called in case your child becomes ill or has an accident at school and you cannot be reached.

Hospital/Clinic Preference: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Allergies/Special Health Considerations: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ If on regular medication, please specify: \_\_\_\_\_

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I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent or treatment. This waiver applies only in the event that neither parent or guardian can be reached in the case of an emergency.

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

**INTERNET USE AGREEMENT**

During the school year the students of Big Horn Christian Elementary School will be accessing the internet through the use of our computers. This will be done ONLY with the supervision of an Adult in the classroom at all times. Please list the name of your child and the grade he/she is in. Your child will not be allowed to access the internet without your permission/signature on this form.

Further, by signing this form, you are stating that you have read and agree with the Acceptable Use Policy as stated in the school handbook.

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_

I agree and will follow the Acceptable Use Policy of the Big Horn Christian Elementary School.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FAMILY ENROLLMENT AGREEMENT**

We, as a family, will ...

1. Support the goals, purposes, and objectives of Big Horn Christian School to the best of our abilities.
2. Understand that daily morning devotional, morning Pledge of Allegiance, memorizing parts of the Bible, and a Christian environment are each integral parts of Big Horn Christian.
3. Agree that if there are any concerns with Big Horn Christian, we will attempt to resolve them through the appropriate channels, one step at a time: talking to the teacher, then the school board chairman, and only then go to the school board.
4. Be open to understanding a wellness approach for the whole child and apply that understanding to the best of our ability.
5. Understand the Big Horn Christian Hand Book, and agree to do our part to maintain unity and a Christian atmosphere.
6. Understand all new students are on a 30-day probationary period to determine if Big Horn Christian fits the needs of your child.
7. Agree as a condition of enrollment to pay the tuition and fees. We understand these are due and payable in order for our child(ren) to remain enrolled in Big Horn Christian. We understand that if the balance is delinquent in excess of 30 days, and an acceptable alternative has not been approved by the school board, our child(ren) will not be permitted to return to Big Horn Christian until all delinquent obligations are paid in full. After 30 days, a \$10/mo. Charge will be added to account until paid in full. Records and report cards will not be released unless a child's balance is paid in full. Unpaid balances after July 1 will be then subject to a monthly 1.5% finance charge and records will be turned over to the Rocky Mountain Conference of Seventh-day Adventists. We understand the registration fees are non-refundable and non-transferable so long as an application is under consideration or has been accepted by Big Horn Christian.
8. We/I have read the Big Horn Christian Hand Book and understand the policies therein.

Student's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**Big Horn Christian Elementary School**

