



**Acres of Discovery**  
Consent Form



Child's Name \_\_\_\_\_ Date \_\_\_\_\_

I have read the Parent - Student Handbook and I clearly understand and agree to all policies and procedures.

I have received a security code to enter the school and I agree not to give this code to any unauthorized person.

I agree that it is my responsibility to make arrangements to pick up or have my child picked up when the school contacts me for reasons of illness, injury or behavior.

I have read the discipline policies of the school and I clearly understand and agree with all procedures.

I give permission for my child to go on all walking and riding field trips, and I give permission for my child to participate in swimming activities. I understand that I may be requested to pay field trip fees and if I choose not to pay my child will not be able to attend. I realize that I cannot hold the school or staff responsible in case of accidents or injuries.

I give permission for my child to be photographed during the school term. I understand that my child's photos may be displayed in the school.

I agree to provide the correct information to the school when medication administration is required.

I agree for the school to contact the Berkeley County EMS if my child is severely injured or ill. I understand that I will be responsible for all payments acquired during time of treatment and that Acres of Discovery will not be held responsible.

I understand all personal information is held confidential. Personal information will not be released without my written permission.

I understand that the school will not be held responsible for any of my child's personal items which are stolen, lost, or damaged. I agree not to hold the school or staff responsible. I agree to label all items clearly with my child's name.

I am aware the school uses Christmas and Easter Stories, songs, prayer, and talks about Christian living and loving.

I have read the information listed on this consent form. I have also discussed any concerns I may have with a staff member.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_