





# BETHANY METHODIST

## Weekday School

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**School Age Children:**

My child attends the following elementary school:

School	Address, City, Zip	Phone

His/her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

**Consents:**

Yes  No      **Media:** I hereby give my consent for photographs or videos taken of my child to be used for the purpose of education, information, training, and publicity; including, but not limited to BMWS website.

Yes  No      **Water Activities:** I hereby give consent for my child to participate in water activities: sprinkler play, water table.

Yes  No      **Mosquito Repellent & Sunscreen:** I give my consent for BMWS employees and volunteers to apply sunscreen and/or mosquito repellent that I provide to my child before participating in outdoor play

Yes  No      **Tuition and Fee Policy:** I have received and read a copy of the BMWS Tuition and Fee Policy. I agree to comply with all policies regarding tuition and fees.

Yes  No      **Parent Handbook:** I have received and read a copy of the BMWS Parent Handbook. I agree to comply with all policies set forth in the BMWS Parent Handbook.

Yes  No      **Discipline Policy:** I have received and read a copy of the BMWS Discipline Policy.

Yes  No      **Illness & Medication Policy:** I have received and read the BMWS Illness Policy. I agree to comply with all policies regarding illness and medication.

I certify the information provided is true and complete to the best of my knowledge and belief. I understand I am responsible for updating information changes in a timely manner to ensure BMWS remains in compliance with all state requirements.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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**Emergency Medical Release**

**\*Elementary & new students only**

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

NOTE: It is only necessary that one parent or legal guardian execute this instrument on behalf of the child.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Father \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

In the event that I cannot be reached to make arrangements for emergency care I authorize BMWS to take my child or to secure emergency medical transportation for my child to:

Name of Physician and/or Medical group \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Or to:

Preferred hospital in an emergency \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

The undersigned hereby understands and acknowledges that medication and emergency medical procedures may be administered to a child only with written authorization of a licensed physician, parent, or legal guardian.

In consideration of the foregoing, the undersigned hereby authorizes Bethany Methodist Weekday School and/or its authorized representatives to seek and approve appropriate emergency medical attention for the child listed above.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned authority on this day personally appeared the above signed, known to me to be the person whose name is subscribed to herein and acknowledged to me that he/she executed this instrument for the purposes and considerations contained therein.

\_\_\_\_\_  
Notary Public in and for the State of Texas



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