
Specialty Program Parent Agreement (2018+)

For:

Parent Consent for Participation

In registering for CHCA Programs, I understand that my child will be involved in a variety of activities. By registering for CHCA Programs, I hereby give permission for my child to participate in this Program and all related activities.

Liability Release

I am further agreeing that the School, the School Board, its employees, agents, affiliates and successors will not be held responsible for any damages or injuries to my child's person or property resulting from the negligence, recklessness or willful misconduct of third parties not under the direct control of the School, and that I will not bring any lawsuit or other action against the School, the School Board, its employees, agents, affiliates or successors seeking compensation for such damages or injuries arising from such events. My child's participation in this activity is completely voluntary, and thus if I am uncomfortable with the risks associated with this activity, I will withhold my permission.

Photo Release

I agree that my child's photographs and/or video images and samples of my child's work may be used in CHCA's publications, including the CHCA website, to promote Cincinnati Hills Christian Academy and CHCA Summer Programs.

Medical Notice and Policy

For: _____

1. Program Leaders are not trained to care for ill children and therefore, should a child become ill during program hours, the parent will be contacted, and the child should be picked up in a timely manner. To ensure that ill students have a safe and enjoyable experience, parents must share all pertinent information regarding the student's current medical status, daily medications, need for an epi-pen or anti-seizure medication or an inhaler, and any severe life-threatening allergies with the program director.
2. Students are not allowed to participate in any program activities (even to observe) if they have had a fever of 100 degrees Fahrenheit within the last 24 hours. Students must be fever free for the full 24 hours without the aid of Tylenol or Advil to attend the program the next day.
3. Students are not allowed to participate in any program activities (even to observe) if they have vomited in the last 24 hours or experienced diarrhea.
4. Should a student wake up in the morning and have difficulty opening an eye (or eyes), yellow drainage (crusty at times), and very red or irritated eye(s) they may not attend any program activities. Please call your physician for an appointment. If diagnosed with pinkeye, please keep him/her home for 24 hours after the first dose of antibiotic drops.
5. Program staff are not trained to administer over the counter or prescription oral medication. It is the expectation that all daily meds will be administered before or after session hours by a parent.
6. Program staff are not trained by a licensed medical provider to administer any emergency medications such as Epinephrine, anti-seizure medication or inhalers. It is the responsibility of the parents to make an appointment with the program director and provide a medical order for the emergency medication that states the correct dose, route, reason or indications for giving the medication and what measure to take after giving the medication well in advance of the start of the program. The parents must also give the program director a one to one demonstration on how to administer the emergency medication. In the event of an emergency during program hours, program staff are to call 911 at any time if Epinephrine or anti-seizure medication is administered or if the student's breathing is not fully restored after 2 to 4 puffs of their inhaler.
7. For those students with severe life threatening food allergies, the parent is to pack/provide snacks. It is the responsibility of the students to refuse all snacks or foods offered by another student, parent or staff member to avoid accidental exposure.
8. I understand that no student wearing a cast, splint, brace or immobilizer of any type or of any material will be allowed to participate in any program, practices or competitions. Tape is the only support allowed.

Please indicate acknowledgement

Yes. I acknowledge

Authorization for Emergency Response

In the event that I cannot be contacted, I hereby give consent for the administration of any treatment deemed necessary by a licensed physician, time permitting. (This authorization covers major surgery only when the medical opinions of two other licensed physicians or dentists concur on the necessity of such surgery before it is performed). If emergency transportation is needed, our child may be transported in a privately owned car or commercial vehicle at the family's expense.

Please indicate agreement

Yes. I agree

Medical Expense Responsibility

I understand that it is my responsibility to maintain health insurance coverage for my student while engaged in this Program. I hereby release, discharge, and hold harmless Cincinnati Hills Christian Academy and its representatives from any and all medical and health-related expenses and/or claims, whether covered by insurance or not, that may be incurred by my child while participating in this Program.

By typing my name below, I verify that I have read, understand and agree to the terms set forth above.

Signature _____ Date _____