



**2020-21 Emergency Contact**

Child's Name \_\_\_\_\_  
(First) (Middle Initial) (Last)

Birth Date: \_\_\_\_\_ Days Attending (circle): M T W Th F

PRIMARY PHONE FOR IMMEDIATE CONTACT: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary E-mail Address: \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Are there any limitations on either parent's right to pick up or visit the child at the school?

(Please circle): Yes No *If yes, please attach a copy of the court order to keep on file at SAND.*

Parent/Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact (other than Parent/Guardian – REQUIRED):

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

(Circle One: Home Cell Work )

All persons listed above (parents/guardians/emergency contacts) have authorization to pick up the child listed from SAND.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional persons authorized for child pick-up: \_\_\_\_\_

**HEALTH INFORMATION**

\* Allergies and/or special concerns: \_\_\_\_\_

\*\* My child has a Medical Plan. This will be provided in writing. \_\_\_\_\_

Parent Signature



**2020-21 Consent Form**

Child's Full Name \_\_\_\_\_

*Please read and sign the following agreements:*

➤ **Medical Consent**

In the case of medical emergency while attending SAND, I understand that reasonable efforts will be made to contact parents/guardians of the child. In the event that neither I, the child's other parent/guardian, nor the emergency contact person listed on the Emergency Contact Form on file cannot be reached – I hereby grant SAND directors, care providers or other volunteers present to select a physician, to hospitalize, to secure proper treatment and to order injection, anesthesia, or surgery for my child named above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

➤ **Photo Release**

I hereby give permission for photographs and/or video of my child to be used by North Decatur United Methodist Church to promote SAND which includes, but is not limited to, the school website, Facebook or newspaper articles. Photographs used in social media WILL NOT be labeled with the child's name. I understand that information and pictures from the web can be copied by others and that SAND holds no responsibility for this action. \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

➤ **Liability**

TO THE EXTENT PERMITTED BY APPLICABLE LAW, I HEARBY RELEASE THE SCHOOL AT NORTH DECATUR (SAND) AND NDUMC, IT'S SUCCESSORS, ASSIGNS, EMPLOYEES, CONTRACTORS, MEMBERS AND VOLUNTEERS FROM ANY AND ALL LIABILITY ARISING FROM SAND, EXCEPT IN THE CASE OF INTENTIONAL MISCONDUCT OR GROSS NEGLIGENCE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

➤ **Licensing Exemption Acknowledgement**

I understand that SAND is exempt from Bright From The Start state licensing. SAND is not a licensed state program. SAND is certified by the North Georgia United Methodist Conference.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date