


WINDSOR ACADEMY
EDUCATIONAL CAMPUS

Consent and Release Form

For _____
(Child's name)

Please initial or check each item below. Your signature and date at the bottom of this form indicates acceptance of Windsor Academy policies and procedures as described in the policy handbook as well as on all forms and supply lists. **This is considered your formal contract for the 2016-2017 school year. Neither this contract nor any associated documentation may be assigned without the written consent of Windsor Academy.**

___ I have read the policy handbook and understand that by signing this form, I am agreeing to the policies of Windsor Academy as stated in the handbook. This will be considered the enrollment contract for the year.

___ I give/do not give (circle one) permission for my child to be photographed in school for use in the yearbook, newspaper articles, advertising, website and class displays. No names are to be used on the website.

___ I understand that by signing this form, I give consent to Windsor Academy to obtain appropriate emergency medical treatment for my child in case I cannot be reached.

___ I give permission to Windsor Academy to apply the following topical ointment or lotion (supplied by parent) as needed (please circle relevant items)

- Sunscreen
- Diaper ointment
- Insect Repellant

Reminder

**All prescription and over-the-counter medication
MUST always be accompanied by a doctor's prescription
and submitted to the office for review.**

ALLERGY
INFORMATION: _____

Parent Signature _____ Date _____