



Christian Life Academy

Authorization for Medical Emergency, CLA/ LB Handbooks, and the use of photographs

Please fill out one form for each student in the family.

Student's Name _____ Grade: _____

Permission for Medical & Photographs

I hereby give Christian Life Academy the authority to seek out and obtain emergency medical attention at Danbury Hospital or the nearest hospital available for the above named child, including transportation as needed. It is understood that the school administration will first attempt, if possible, to contact parents or the designated emergency contact person in a medical emergency situation. I hereby give Christian Life Academy the authority for the use of my child's photographs for publication for the yearbook, newspaper, brochures, school website, social media, etc.

Signature of Parent/Guardian

Date

Handbooks (are on our website: www.brookfieldcla.org)

Please read the handbook that pertains to your child/ren.

I have read the Christian Life Academy or Little Blessings Policy, Behavior and Procedures Handbook, and I agree to uphold and submit to all policies written therein. I also understand a policy is subject to change throughout the year if the Principal or School Board determines it is in the best interest of the academy and/or its students, faculty and staff. You will be sent notification of any changes should a policy change.

Signature of Parent/Guardian

Date