



# New Bethel Adventist Christian Academy

Growing Hearts and Minds

2423 Woodruff Farm Rd  
Columbus, GA 31907 706 569-0004

## Student Photos Continuous Appropriate Usage Agreement

I (Parent/Legal Guardian) , \_\_\_\_\_ give permission for New Bethel Adventist Christian Academy to appropriately use

(Student) \_\_\_\_\_'s photo for purposes of promoting the school in publications such as the yearbook, brochures, booth display, websites, DVD productions etc.

Signature: \_\_\_\_\_  
(Parent/Legal Guardian)

## Field Trip Permission

I hereby give permission for my child, \_\_\_\_\_, to participate on day field trips via bus, van, or private automobile during the \_\_\_\_\_ school year. This slip also gives my child \_\_\_\_\_ permission to go on walks and visits to the library or local businesses or facilities. I understand the school will send information before each formal field trip and I must send written documentation if my child will not be participating on any particular trip. I further expressly agree that in the event of disciplinary action or if the health of my child makes it necessary, at the discretion of the sponsor(s), my child may be forthwith returned home at my expense. I understand that the student accident insurance carried by the South Atlantic Conference of SDA is in force for this field trip as the secondary insurance carrier. It will assume financial responsibility for any accident incurred during school sponsored functions, after the maximum benefits of the student's family health insurance carrier has paid the maximum benefits towards any medical or dental bills as a result of the accident.

I also consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to my child under the general or special instructions of my doctor or any physician the school organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed on the school application before any other physicians is called by the school or other organization, unless it is determined the situation is life threatening.

It is further understood that this consent is given in advance of any specific diagnosis or treatment that might be required and is given to authorized the principal/teacher or physician to exercise their best judgment as to the requirement of such diagnosis or treatment.

Signature of Parent or Legal Guardian

Date

*Heaven Has Awesome Plans For Your Child So Prepare Them*