



TILLAMOOK ADVENTIST SCHOOL

CONSENT TO TREATMENT

PARENTS/GUARDIANS: Complete a form (front and back) for each student. Please print clearly.

CONTINUOUS CONSENT TO TREATMENT

We, the undersigned parent or guardian of (student's name) _____ a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of (student's physician) _____, M.D., at (physician's phone #) _____ or any physician the school 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 above before any other physician is called.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Tillamook Adventist School or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school entrusted with the custody of said minor.

We would like to have our student go on all field trips. We recognize that the teacher and those assisting are to use their best judgment in caring for the children while on these trips. We absolve the school and the directing personnel from any legal liability.

The above named student is is not covered by health insurance.

Current Health Insurance Company: _____

Member #: _____ Group #: _____

Which hospital does your insurance cover? _____

Parent/Guardian's Printed Name: _____ Date: _____

Parent/Guardian's Signature: _____

CONTACT INFORMATION

Father/Guardian

Name: _____

Cell Phone #: _____

Daytime Phone #: _____

Mother/Guardian

Name: _____

Cell Phone #: _____

Daytime Phone #: _____

MEDICAL INFORMATION FOR STUDENT

Medical Conditions and Medications Taken (such as asthma, heart, etc.):

Oral Medication Policy:

Tillamook Adventist School is authorized to administer oral medication to students during school hours ONLY after a parent/guardian and/or physician has signed a permission form. It is our policy that such medication will only be administered when the failure to receive medication may result in the student being unable to attend school and/or be well enough to participate in learning activities. Please include original instructions with all medications still in their original containers. We define medication to include all drugs, whether prescription or over-the-counter.

I give permission to Tillamook Adventist School to administer any necessary medication according to their policy. I agree to include original instructions with all medications still in their original containers.

Signed: _____ Date: _____

ALLERGY INFORMATION FOR STUDENT

Medication Allergies: Yes No

Explain: _____

Bee Sting Allergies: Yes No

Severity of Allergy: _____

Antidote Name: _____

Food Allergies: Yes No

Explain: _____

Environmental Allergies: Yes No

Explain (grass, cats, bandage materials, etc.) _____



TILLAMOOK ADVENTIST SCHOOL
COMPLIANCE FORM

HANDBOOK COMPLIANCE

We, the undersigned, have read, understand, and are in agreement with the philosophy, policies, and procedures as outlined in the following section of the TAS handbook. We have also explained all of this to our student(s) who also understand(s) and will comply with the handbook.

<u>Check those you have read</u>	
<input type="checkbox"/> Attendance (pg. 5)	<input type="checkbox"/> Honor Roll (pg. 12)
<input type="checkbox"/> School Property (pg. 6)	<input type="checkbox"/> Academic Honesty (pg. 12)
<input type="checkbox"/> Lost or Damaged Books (pg. 7)	<input type="checkbox"/> Sports (pg. 12)
<input type="checkbox"/> Personal Property (pg. 7)	<input type="checkbox"/> Student Illness (pg. 13)
<input type="checkbox"/> Personal Technology Devices (pg. 7)	<input type="checkbox"/> Safety (pg. 15)
<input type="checkbox"/> Search and Seizure (pg. 7)	<input type="checkbox"/> Students Leaving School Grounds (pg.15)
<input type="checkbox"/> Dressing for Success (pg. 8)	<input type="checkbox"/> Bullying (pg. 16)
<input type="checkbox"/> Code of Conduct (pg.9)	<input type="checkbox"/> Sexual Harassment (pg. 17)
<input type="checkbox"/> Relationship Guidelines (pg. 10)	<input type="checkbox"/> Conflict Resolution Policy (pg. 18)

STUDENT SIGNATURE (ALL GRADES): _____ DATE: _____

STUDENT SIGNATURE (ALL GRADES): _____ DATE: _____

STUDENT SIGNATURE (ALL GRADES): _____ DATE: _____

STUDENT SIGNATURE (ALL GRADES): _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____



TILLAMOOK ADVENTIST SCHOOL

MEDIA USAGE CONSENT

PARENTS/GUARDIANS: Please complete this form (one per family) and submit to the school office.

PHOTO, VIDEO, AUDIO, AND COMMENT CONSENT FORM

STUDENT NAMES: 1. _____ 3. _____
2. _____ 4. _____

I understand that any and all comments (by audio recording(s) and/or transcription), photograph(s) or video taken of me and/or my child(ren) by agents, employees or representatives of Oregon Conference of Seventh-day Adventist shall be used in connection with the Oregon Conference of Seventh-day Adventist for any purpose, without compensation to me. The dissemination of information by its departments to the general public.

I hereby irrevocably authorize the Oregon Conference of Seventh-day Adventist to copy, exhibit, publish, distribute, copyright, and reproduce in whole or in part any and all such comments, images, video and audio of me or wherein I appear, in any or all media, including composite or artistic forms and media, as described above for use in promotional materials, whether the use of above materials be for public relations, advertising, or any other legitimate purpose of Oregon Conference of Seventh-day Adventist.

All content and formats collected and distributed on the mentioned mediums are owned by the Oregon Conference of Seventh-day Adventist and reserves the right to use these the collected content in any of its print or electronic publications.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears. Including but not limited to any liability arising by virtue of any blurring, distortion, alteration, illusion, editing, or use in composite form, whether intentional or otherwise, that may occur in the making or processing of the finished product.

I hereby hold harmless and release and forever discharge the Oregon Conference of Seventh-day Adventist from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Parent/Guardian's:

Printed Name: _____

Signature: _____

Date: _____