



"A Child's Touch..." Christian School

9141 Poze Blvd. Thornton, Colorado 80229

Office 303-286-8460 / Fax 303-289-8621

www.AChildsTouch.com

*Inspiring young minds
through Creative approaches*



Consent Contract 2024-2025 School Year

Child's Name _____

Consent to Policy: I, the undersigned, the parent or lawful guardian of the above named minor child have read the ACT Parent Policy Handbook and hereby certify my consent and submission to all governing policies of ACT including the financial obligations as long as my child is enrolled. I understand the handbooks are available at www.AChildsTouch.com and I should contact ACT for the password to access it. I agree to sign my child in or out each time that they arrive at or depart from ACT. If necessary, I authorize ACT to post an allergy alert including a picture of my child.

I hereby authorize "A Child's Touch..." (photographer/videographer), to use, reproduce, and/or publish photographs and/or video that may pertain to me and my child—including our image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs), social media outlets (Facebook, Pinterest, etc.) or for other related endeavors consistent with the highest standard of taste and judgment.

This material may also appear on "A Child's Touch..." website. This authorization is continuous and may only be withdrawn by specific written rescission of this authorization. Consequently, I understand that "A Child's Touch..." cannot be held responsible for images and or video published prior to the rescission as some forms of publication are out of ACT's direct control.

Consent to Activities: I, the parent or lawful guardian, on behalf of my minor child listed above, hereby consent for my minor child to participate in and attend all school activities, held on the school's premises, which may include, but are not limited to: riding in an infant/toddler wagon, walking, riding with an adult in a private car, riding with an adult in an ACT vehicle, eating and drinking snacks and meals, playing on ACT's playgrounds, playing with other children that attend ACT, participating in ACT's Nature Outdoor Classroom and nature area, participating in wood working activities in the wood working barn, playing in the garden, playing in the Water Marina and use of all water troughs, waterfalls and ponds, and playing on and/or at any of ACT's facilities that are reserved for children, which include but are not limited to the Creation Station, Discovery Station, General Store, Inventor's House, Trike Trail, Insect & Reptile Cabin, Ocean & Dinosaur Cabin, Shade-ah-Sauras, Columbine Memorial Prayer Garden, soccer field, Infant/Toddler Playgrounds and Loose Parts playgrounds as further described in the "Parent Handbook" and on ACT's website at www.AChildsTouch.com

I, the parent or lawful guardian, on behalf of my minor child, expressly and specifically assume any and all known and unknown risk of injury, illness, or death resulting from participation in activities described above, which may include but are not limited to: The danger and risk of falling, jumping, climbing, sliding, running into other persons and/or equipment, negligence of others, height, and/or motion, and being in close proximity to and/or touching insects, pets, farm animals, reptiles and/or fish.

I, the parent or lawful guardian, on behalf of my minor child hereby agree for my minor child and our respective heirs, assigns and legal representatives, next of kin, executors, administrators, and successors to indemnify, defend and hold ACT and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("ACT Releasees") harmless from any and all claims and/or damages and/or injuries (including medical fees and attorney fees) and causes of action of any nature for any and all personal and/or bodily injury or illness, including death, which may occur to my minor child or which may be aggravated or caused by the negligence of others during or by any activity, including participation in the activities described above, in which I have decided to allow my minor child to participate in and attend.

Consent to Emergency Medical Care: I, the parent or lawful guardian, on behalf of my minor child listed above, hereby release ACT from any claim and/or damages whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided my minor child in connection with any and all injuries and/or illnesses that may arise from **all school sponsored activities**. I hereby give permission and authorization to all adult sponsors, or any responsible adult bearing this written authorization, into whose care the above mentioned minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, dental, surgical diagnosis or treatment and hospital care. Such care is to be rendered to my minor child under the general or special supervision and upon the advice of a physician, dentist, or surgeon licensed to practice in the State of Colorado.

It is understood that a conscientious effort will be made to locate me (or the emergency contact persons designated by me) before any action is taken. I accept and agree to pay any medical expenses in connection with such care and incurred by ACT for such care.

Consent to Sunscreen: "A Child's Touch..." provides and applies 50 SPF Equate Sport Sunscreen for children 6 months and older. If my child has an allergy to these brands, I will bring a bottle of sunscreen **labeled with my child's first and last name**. Children under 6 months of age must have a doctor's note to have sunscreen applied and must provide appropriate sunscreen. We have bottles of Equate Sport Sunscreen available in the classroom or office if you would like to check the ingredients list.



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Consent to Distribution of Medication: I, the parent or lawful guardian, on behalf of my minor child listed, hereby consent to and give permission for ACT to administer any prescription medication I provide to ACT, ibuprofen, or acetaminophen. I assume full responsibility for the prescription medications I provide to ACT, and such prescription medication will be administered by ACT authorized personnel only, in accordance with the directions I provide or that are provided on the bottle. I understand that I must fill out a "Permission to Administer Medication in Childcare" form prior to my child receiving any medication. If medication is to be given at school, it must be for a doctor- specified reason; medication MUST be in the original packaging and doctor-signed paperwork is required. I, the parent or lawful guardian, on behalf of my minor child, expressly and specifically assumes any and all known and unknown risk of injury, illness, or death resulting from my child consuming medications at ACT in accordance with the Permission to Administer Medication in Childcare Form that I sign. I authorize my child to use lip balm, skin cream, petroleum jelly, or diaper ointment (unless skin is broken or bleeding) that I provide and label with my child's first and last name.

Surveillance Cameras: I, the parent or lawful guardian of the above named minor child, acknowledge and understand that A Child's Touch premises has video and audio surveillance cameras and recording equipment to help aid in monitoring the premises. Video and audio recordings are only distributed to legal governing authorities once proper authorization has been received by A Child's Touch.

Consent to Video Viewing: I, the parent or lawful guardian, on behalf of my minor child listed, hereby consent to, and give permission for my child to view ACT approved videos. We watch approved "G" rated movies.

Child's Name			Child's Date of Birth
Medical Conditions/ Information			Last Tetanus shot
Allergies (food, insect bites, sunscreen, medications, etc.)			EpiPen needed YES NO Inhaler needed YES NO
Doctor	Doctor Phone	Dentist	Dentist Phone
Doctor's Address		Dentist's Address	
Medical Insurance Co.		ID or Group Number	
Hospital	Hospital Address	Hospital Phone	

Parent Name (printed) _____

Authorized Family Signature _____ Date _____