



HICKORY GROVE CHRISTIAN SCHOOL

STUDENT AUTHORIZATION

Student's Name _____ Homeroom Teacher _____ Grade _____

We at HGCS take your child's safety seriously and make no exceptions or apologies for checking ID of anyone who comes to see, pick-up, or visit your child. Please review our Visitor's Policy at <http://hgchristian.org/about-us/safety--visitor-policy>. Only parents of our current students, adults and siblings on the student's FACTS SIS account, and graduates of HGCS are allowed to visit. All visiting alumni and parents must abide by our dress code while on campus.

During enrollment or re-enrollment, you listed in FACTS SIS, names of family members, siblings, relatives, and/or friends that you have authorized to visit, have lunch with, or pick up your child from school. It is very important the list is current at all times. A parent or guardian may make changes via a registered email address in FACTS SIS. A parent with a valid ID may also make changes in their respective School Office. We DO NOT accept changes via phone call, note, or fax.

Please inform all authorized individuals that they are required to check in with Guest Services in the lobby of Education Center. From there all visitors must obtain a pass to check in with their respective school offices.

Only those listed in FACTS SIS will be able to visit and/or pick up your child from school. (Note: Non-custodial biological parents will only be limited if the court has stipulated limitations and the court order is on file in the records office.)

We appreciate your understanding in these important policies.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT/FIELD TRIP PARTICIPATION/ENROLLMENT AGREEMENTS

1. Permission is granted for faculty/staff of HGCS to render first aid and to obtain the services of a licensed physician or counselor, and arrange for transportation to the closest hospital in case of the need for immediate medical attention.
2. Permission is also granted to the attending physician to render whatever treatment is medically necessary for the well-being of my child. The expenses incurred will be the responsibility of the person whose signature appears below.
3. I hereby release HGCS faculty/staff including volunteer chaperones from any and all liability in case of an accident or any other injury which might occur to my child through administering first aid or transportation to a medical facility, and I hereby release said aforementioned persons from any liability because of any injury or damage which might occur.
4. My child has permission to attend field trips approved by HGCS. This release will be effective until the end of the school year or upon withdrawal from HGCS. I hereby release HGCS faculty/staff and any driver of automobiles or buses from liability which might result.
5. I have read the Admissions Policies, Financial Policies, and School Policies & Procedures of HGCS, as stated on our website at www.HGChristian.org. I understand the obligations and responsibilities which are required of parents and students, and I accept and agree to abide by the provisions set for therein.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

I accept and assume all of the risks existing in chosen activities. I assume full responsibility for any losses which may result from these risks. I further recognize that any travel involves the risk of accident, unusual illness, and terrorist acts, and I agree to hold harmless anyone associated with Hickory Grove Baptist Church and Christian School or its ministries who seeks to render emergency care of any kind to my child should he or she be injured or become ill while participating. I also agree to hold harmless the organizations, ministries, and site where HGCS will be taking my child to do ministry (or mission work).

I certify that I have adequate insurance to cover any injury or damage my child may suffer or cause while participating, or else I agree to bear the costs of such injury or damage. I acknowledge that HGCS or the sites where my child will be taken to do ministry (or mission work) does not provide health or accident insurance for participants.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____

Pictures & Videos: HGCS has my permission to use photos and/or videos of my child on its website, bulletin boards, and social media.

SIGNATURE OF PARENT OR GUARDIAN _____ Date _____