

South Rowan Academy Child Care Release Form

Child's Name: _____

Date of Enrollment: _____

- If emergency medical care is necessary, I hereby grant permission for any treatment deemed by a physician and/or hospital, or any first aid South Rowan Academy staff deem necessary, to be administered to my child in case of emergency.
- I hereby grant permission for my child to leave the center building and the fenced-in area to participate in all South Rowan Academy activities. This can include speech and other therapy sessions and portrait sessions (held in office located next door), as well as transportation to and from the center and/or school (for school-age children) for field trips.
- I hereby grant permission to South Rowan Academy to use photographs of my child for school projects, displays, handbooks, the company website, and/or the company and teachers' Facebook page(s).
- I hereby release, indemnify and hold South Rowan Academy agents and employees harmless for any damage done to toys, clothes, or other personal articles.
- I hereby release, indemnify and hold South Rowan Academy agents and employees harmless for any accident associated with any candy prizes my child receives at departure or for special days/holidays.
- I hereby release, indemnify and hold South Rowan Academy agents and employees harmless from any medical claims, damages or other liabilities for injuries to or damage by my child, which are not a result of gross negligence by South Rowan Academy's agents or employees.
- I agree that I have received a copy of South Rowan Academy's operational policies (in the Parent Handbook online or printed). **I have also received and understand the following policies and a staff member has discussed these policies with me:**
 - Summary of the North Carolina Child Care Laws and Rules
 - Discipline & Behavior Policy
 - Financial Agreement Contract

Parent/Guardian Signature: _____

Date Signed: _____ Date Policies Explained/Received: _____