

Faith Lutheran School of Redmond
Signature Checklist for required forms
Family Agreement Signature Page



Student Last Name

First Name

Parents/guardian, please read, initial, sign and return to the main office.

_____ I have read **the FLS Policies and Procedures Handbook** in its entirety and agree to abide by the policies and procedures stated therein.

_____ We have received information on our behavior policy.

_____ Our family understands **the volunteer commitment of 10 volunteer hours** of general volunteer hours.

_____ I have read, understand, and agree to the Parental **Consent to Faith Lutheran School Staff to Administer First Aid. (See below)**

Parent(s)/Guardian **Printed Name**

Signature

Date

In necessary situations where I cannot be contacted, I hereby authorize the Faith Lutheran Staff or designee to follow the procedures below:

1. Time and situation permitting, reasonable attempts shall be made to contact the parents/guardians identified below.
2. When said persons cannot be contacted, the Faith Staff or designee is to act in my/our behalf.
3. Time and situation permitting, the physician or dentist designated on the Emergency and Health Information Form (filled out with application) shall be contacted.
4. The Faith Staff are hereby authorized to give consent for an X-Ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the supervision and upon advice of any licensed physician or surgeon.
- 5.

- I give permission to Faith Lutheran Church and School to use my child's photo/voice.**
- I DO NOT give permission for my child's voice/picture to be used.**

**AUTHORIZATION TO USE PICTURE, NAME, VOICE AND LIKENESS:
PARTICIPATION WAIVER AND RELEASE (read below)**

By signing this waiver and release of liability and permission you (the parent/legal guardian) agree that you have read and are voluntarily granting: I grant Faith Lutheran Church and School of Redmond and its successors, licensees, and assigns, the irrevocable right (but not obligation) to use Students' name, likeness, voice, photograph and/or video images in promotional materials and other works, including but not limited to promotional publications, film or video programs, announcements, internet display, and for any other use by Faith Lutheran Church and School of Redmond in its sole discretion.

Parent(s)/Guardian **Printed Name**

Signature

Date

For Office use only: _____

Witness Name/Signature

Date