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Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Please list at least 2 emergency contacts (other than you or your spouse).

Emergency Names and #'s:

1. \_\_\_\_\_

2. \_\_\_\_\_

# WADE CHRISTIAN ACADEMY

*"Home of the Panthers"*

## Liability Release Form School Year 2023/2024

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

In consideration for being accepted at Wade Christian Academy for participation in Wade Christian Academy trips/activities, we, being twenty-one years of age or older, do, for ourselves, and for and on behalf of my/our child-participate (herein referred to as Participant) if said participant is not twenty-one years of age or older, do hereby release forever, discharge and agree to hold harmless Wade Christian Academy and the directors thereof from any and all liability, claims or demands of personal injury, sickness or death, as well as property damage and expense, of any nature whatsoever which may be incurred, as the result of the negligent, willful or intentional acts of said participants including expenses incurred attendant thereto.

Furthermore, we (and on behalf of our/my participant if under the age of twenty-one) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agrees to hold harmless and indemnify said school directors, employees and agents for any liability sustained by said school as the result of the negligent, willful or intentional acts of said participants including expenses incurred attendant thereto.

I/We have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leaderships of the activity.

### PARENTAL CONSENT

**TO WHOM IT MAY CONCERN:** The undersigned do (does) hereby give permission for my (our) children listed above to attend and participate in activities sponsored by Wade Christian Academy.

I/We authorize an adult, in whom care of the minor has been entrusted, to consent to x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment in hospital care, to be rendered to the child/minor under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Florida Medical Practice Act on the medical staff of a licensed hospital, whether surgical diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child/minor or pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my (our) child/minor to ride in the vehicle designated by the adult in which care the child/minor has been entrusted with during and participating in activities sponsored by Wade Christian Academy.

***"Under penalties of perjury, I declare that I have read the foregoing (document) and that the facts stated in it are true."***

\_\_\_\_\_  
Father/Legal Guardian (signature)

\_\_\_\_\_  
Mother/Legal Guardian (signature)

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Primary Care Physician

\_\_\_\_\_  
Tel. #

Wade Christian Academy  
4300 North Wickham Rd.  
Melbourne, FL 32935  
321-259-6788

## Medical Release Form & Information Sheet 2023-2024 School Year

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor, in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_ Relationship: \_\_\_\_\_

This release form is completed and signed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, in my absence.

\_\_\_\_\_  
Signature of Parent or Guardian

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Ins. Co. Name: \_\_\_\_\_ Policy# \_\_\_\_\_ Phone \_\_\_\_\_

Is the child's health such that he is able to participate in a regular school program, including all activities in the curriculum such as physical education, recess and classroom activities of an active nature? \_\_\_\_\_

If not, please indicate the limitations: \_\_\_\_\_

\_\_\_\_\_  
Specific medical allergies, chronic illnesses, or other conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CONSENT TO RELEASE PHOTO/IMAGE

Dear Parent/Guardian:

During the current school year, your child's image/photograph or work may be included in a classroom or school project that could be used in one of the following ways:

- Used as a demonstration project/activity in education workshops/classes/conferences
- Used as a sample project/activity on CD's created by Wade Christian Academy for use in education workshops and student classrooms
- Posted on the WCA web pages on the Internet
- Posted on the WCA social media accounts
- Submitted as samples to program publishers or as contest entries to sponsors
- Appear on videotape made during a student presentation of their project, or in broadcasts or videotapes demonstrating computer multimedia in general
- Videotaped to appear in a school related program to be used by a local television station or school/county project
- Used in a printed publication such as a newspaper or magazine

While your child's name may accompany the photo, no last name or address will be included with your child's picture when publishing on the Web.

There is no monetary compensation for the use of the work, but it will help many teachers get more use out of their computers and show other students a good example of what can be. Please sign the release form below and return this sheet to your child's school. Your permission grants us approval to publicize without prior notification and remains in effect until revoked. Thanks!

Release Form

\_\_\_\_\_/I/We DO give permission for \_\_\_\_\_'s Child's full name image/photograph or work to be used a described above. We are willing to release this into the public domain and understand that no monetary compensation will be given for the use of the materials.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

# Authorization for Medication Administration

## Wade Christian Academy

4300 North Wickham Road

Melbourne, FL 32935

Name: \_\_\_\_\_ School Year \_\_\_\_\_

Any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by a school personal and/or school nurse.

1. All medication must be in the original prescription bottle with the physicians directions written on the bottle with the student's legal name on it.

2. Written authorization from the parent/guardian of the pupil indicating the desire that Wade Christian Academy/First Baptist Church of South Brevard (WCA/FBCSB) take medication during school hours must fill out and authorization form.

**This authorization is valid for this current school year only.** If any conditions in the Physician's statement change it should be brought to the school immediately and a new for must be signed by the parent/guardian.

Only medication prescribed by the pupil's physician, as being necessary to be taken by the pupil in the manner listed by the Physician's statement should be brought to the school. Medication should be in containers that are clearly marked with the name of the pupil, the name of the prescribing physician, name of medication, dosage, and the amount of medication. If the physician prescribes an over the counter medication their must be a written letter of the physician with direction for the medication on file. The over the counter medication must be clearly labeled with the pupils name.

I request that an employee of Wade Christian Academy administer medication as directed by the physician.

\_\_\_\_\_  
Pupil's Name

\_\_\_\_\_  
Grade

I recognize the fact that this service or accommodation, which the school is not legally required to perform. I agree to save and hold WCA/FBCSB and it's employees harmless form all liability, suits, or claims, or whatever nature of kind, which might arise as a result of administering the medication in accordance to the Physicians directions.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

(Over)

Tylenol (Acetaminophen), Motrin (Ibuprofen), Tums, and Cough Drops

I authorize Wade Christian Academy/First Baptist Church of South Brevard to give my child Tylenol (Acetaminophen), Motrin (Ibuprofen), Tums, and Cough Drops. According to the directions on the box/bag.

I authorize Wade Christian Academy/First Baptist Church of South Brevard to give my child Tylenol (Acetaminophen), Motrin (Ibuprofen), Tums, and Cough Drops. According to the directions on the box/bag. However, I must be called before the Tylenol or cough drops are given.

I **DO NOT** authorize Wade Christian Academy/First Baptist Church of South Brevard to give my child Tylenol (Acetaminophen), Motrin (Ibuprofen), Tums, and Cough Drops. According to the directions on the box/bag.

I recognize the fact that this service or accommodation, which the school is not legally required to perform. I agree to save and hold WCA/FBCSB and it's employees harmless form all liability, suits, or claims, or whatever nature of kind, which might arise as a result of administering the medication in accordance to the Parents directions.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone



## Parent's Pledge of Acceptance and Cooperation

1. We, who have the responsibility to "train up a child in the way he should go," recognize that the standards for this training are set forth in God's Word, the Holy Bible. Knowing also that this training comes both by what children hear and what they see, we agreed to support, both in our intent and by personal example, Godly principles taught at Wade Christian Academy. We realize it is our responsibility as parents to train our children spiritually and see the need as a family for regular attendance of the Bible preaching church. We also pledge to avoid obvious contradictions in our home to the biblical principles stated on the Parent/Student Pledge.
2. We have made enough investigation to be satisfied with the curriculum, statement of faith, texts, equipment, methods, counseling, discipline, and motives of the school and do pledge to make Wade Christian Academy our gladhearted choice for our child.
3. We agree with the aims and ideals of the school and if we become dissatisfied with Wade Christian Academy in any way, we will resolve the matter with the person(s) involved, rather than spreading criticism and negativism. We pledge that if, for any reason, our child does not respond favorably to the school, we will not try to change the school, but will withdraw him/her quietly and without delay. We understand the school reserve the right to dismiss any student when either the parents/guardians or student does not cooperate with the policies of the school as set forth in the Parent/Student Handbook and Pledge of Cooperation
4. The teacher and administration are hereby given full discretion in the discipline of our child. Parents will be notified if anything as serious as suspension or expulsion seems appropriate. Behavior that requires staying after school will necessitate the parent providing transportation. Twenty-four hours notice will be given by the school in cases where a detention has been issued.
5. We understand that the school has the complete responsibility for placing our child in the proper grade level and class.
6. We hereby give our permission for our child to go on field trips scheduled by the school. Ample notice of field trips will be provided to the parents.
7. We understand that in the event of damage to school property by our child, we will make full restitution as indicated by an assessment by the administration.
8. I hereby grant permission to Wade Christian Academy to use my photograph(s), or the photograph(s) of my child, on the school's website or in other official school printed publications without further consideration. I further acknowledge the right of Wade Christian Academy to edit, crop, or treat the photograph(s) at its discretion. I understand that should Wade Christian Academy choose not to use my photograph(s), or photograph(s) of my child at this time, that it is not waving its right to use the photograph(s) at some time in the future. I understand that should my child's photograph(s) be used on the Wade Christian Academy website, they will be available for download. I do hereby agree to indemnify, release, and to hold Wade Christian Academy and its agents and employees, harmless from any and all liability, actions, causes of action, claims, expenses, and damages that may arise from the dissemination of photograph(s) of my child, whether via the internet or in print, which they now have or which may arise in the future.
9. We understand that all students are accepted on a trial basis and by our signatures we are affirming our desire to cooperate fully with the administration of Wade Christian Academy.
10. We understand that failure to cooperate with the faculty, staff, and administration or a violation of the Parent's Pledge, the Student's Pledge, or the Parent/Student Handbook, including disclosing inaccurate information will be grounds for dismissal, up to and including immediate dismissal of student(s).

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Father or Legal Guardian Signature

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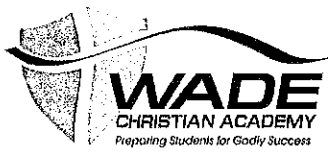
Date

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Mother or Legal Guardian Signature

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Date



## Student Pledge of Cooperation

Each student must agree to honor the standards of Wade Christian Academy and understand that it is a privilege to attend.

As a student of Wade Christian Academy, therefore, I pledge to:

1. Love God Wholeheartedly (Mark 12:30)
2. Serve Others Joyfully (Philippians 2:3-4)
3. Obey Authority (Hebrews 13:17)
4. Work Diligently (Colossians 3:23)
5. Cooperate respectfully and obey willingly those in authority and comply with the policies and procedures outlined by the Parent/Student Handbook. (Hebrews 13:17)
6. Strive for excellence as a student. (Philippians 1:10; Proverbs 18:9)
7. Refrain from television programs, movies, music, and other media, which emphasize immorality, the drug culture, or rebellion against authority. (Philippians 4:8)
8. Abstain from the use or possession of alcoholic drinks, tobacco, or drugs. (Revelation 21:8; I Corinthians 6:19-20)
9. Abstain from immoral actions including profanity, sexual immorality, occultist practices, etc. (I Thessalonians 4:3-7; Ephesians 5:3-5)
10. Avoid the appearance of evil. (I Thessalonians 5:22; Proverbs 22:1)
11. Wear modest apparel and while in school comply with the dress code that is been set by Wade Christian Academy. (I Timothy 2:9, Deuteronomy 22:5; Proverbs 7:10)
12. Endeavor to refrain from gossip, grumbling, and complaining. (Philippians 2:13; Proverbs 26:20)
13. Comply with the discipline policies.
14. I understand that I can be held accountable by the school for any negative behavior both on and off campus at any time during the school year. If the school determines the inappropriate behavior impacts my reputation, the school's reputation, and or other Wade Christian Academy students or families in a negative manner, suspension or expulsion may result.

Attendance at Wade Christian Academy is a great privilege. And, like all privileges, it comes with certain responsibilities. I personally agree to uphold each of the above statements and state that I want to attend Wade Christian Academy and have not been made to do so against my will.

6th-12th Grade Student Signature	Grade Entering	Date
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Understanding that God gives parents the responsibility for training their children, I/we agree to work with Wade Christian Academy personnel to hold this student accountable for the above agreement of conduct.

Father or Legal Guardian Signature	Date
Mother or Legal Guardian Signature	Date



# Pick – up Authorization form

To provide maximum safety for the children at Wade Christian Academy, we ask you to fill out this form to inform the staff who is allowed to pick – up your child at the end of the day. This form will be kept on file for the duration of your student’s attendance at WCA until updated by you.

Child Name & Grade: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell#: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell#: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell#: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_