

bja Bob Jones Academy

Student's full name: _____ Date of birth: ____/____/____
Last First Preferred name
(if different from first name)

Medical conditions, including allergies (for additional conditions, attach information on reverse a separate sheet of paper)

1. Condition: _____ Comments: _____
2. Condition: _____ Comments: _____

I give permission for my child to be given Tylenol® for pain or fever (according to manufacturer instructions).

Yes No (circle one) (For children under age 2, a doctors' prescription for current dosage is required.)

Note: Benadryl® may be given only with a doctors' prescription for current dosage on file.

Student Photos

We love keeping our families and students updated about activities and events on campus—such as through photos/video that teachers send to the families of students in their class, BJA's social media sites, and student newspapers. We also use photos/video to invite other families to consider joining the BJA family—such as through social media posts/ads or printed brochures/ads. Similarly, when we are working with another organization (e.g., for a community service opportunity), the other organization may wish to post photos of the activity on their social media platforms, etc.

While we want to share, we are also sensitive to privacy. In external communications we generally avoid using a student's first name with his/her photo and use a student's last name only to announce special individual awards or achievements (e.g., valedictorian).

We are required by law to obtain parental permission to publish a student's name or to use a photo/video of the student when he/she is in an individual/small group photo, not blurred, and not turned away from the camera. The context for this permission is within our reserved right to take photos/video of our school activities and use them in print, broadcast, or electronic media, for publicity, commercial, marketing, or educational purposes.

While many families are comfortable giving full permission, we recognize that a variety of situations (e.g., foster care, parent's line of work) may mean that a parent needs/wants to give only limited permission for use of their child's name and/or photo/video. If you need/want to limit the level of permission, please contact your child's principal to describe what will work best for your situation.

I give full permission or will contact the Child Development Center director to describe how I would like to limit the use of my child's photo/video/name.

Emergency Treatment

I authorize Bob Jones Academy representatives to act for me according to their best judgment in any emergency requiring medical attention. I understand that if emergency treatment is required and the parent cannot be reached, Bob Jones Academy representatives will call the local ambulance service. I understand that Bob Jones Academy (Bob Jones University) is not responsible for any expense incurred because of an injury or illness.

Parent signature (required) _____ Date _____