

Vinings Academy

Authorizations & Requirements

Immunization Record Requirements:

This program is required by the Cobb County Health Department to have a certificate of Immunization Form 3231 on file for each student enrolled. This form can be obtained from your child's doctor.

This form **MUST** be supplied to The Vinings Academy as a condition of students attending the program.

Authorization to Transport

I hereby give The Vinings Academy the permission to transport my child upon occasion. I understand that I will be given advance notice of any need to do so either verbally or in writing and always have the option to have my child not participate in the off site activity or to provide transportation myself for my child.

Authorization to give topical treatments (i.e. sunscreen, bug repellent, diaper rash ointment)

I hereby give The Vinings Academy the permission to provide and apply topical over the counter treatments to my child as needed. I understand that I may provide specific treatments for my child when I desire there to be a specific type of product used. I understand that I must label any medication whether it is over the counter or prescription with my child's name and inform The Vinings Academy in writing of any specific uses outside of on product labeling that my child requires.

Emergency Medical Treatment

I am the parent or legal guardian of this student, and hereby grant my permission for him/her to participate fully in the activities of the The Vinings Academy as described to me by the staff members of this program. I hereby give my permission to take my child to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should transportation costs be involved, I assume all costs. I have supplied a copy of my child's Health Insurance Card to remain on file with The Vinings Academy and will supply an updated card should any changes be made.

Authorization to give food

I hereby authorize The Vinings Academy to on occasion provide food for my child. I understand that I am responsible for providing snacks & lunch for my child to bring and that those foods will be given to my child. I also understand that special snacks, such as birthday treats or cultural items, may be provided and unless there is a medical, religious or other reason for my child not receiving them.

Child's Full Name

Date of Birth

Parent / Guardian Signature

Date