

**AUTHORIZATION TO CONSENT
TO MEDICAL AND DENTAL TREATMENT**

While my child is attending Salisbury Academy, I/we do here by authorize the staff and or the parent volunteers of Salisbury Academy School, Salisbury, North Carolina, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to my/our minor child under the general or special supervision and on the advice of any licensed physician or surgeon and to consent to x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care, to be rendered to my/our minor child under the general or special supervision and on the advice of any licensed dentist. It is my/our understanding that if the nature of the emergency allows for the time or opportunity, attempts will be made to contact me at the phone number I have provided before any treatment by physician, dentist, or hospital.

Dated this _____ day of _____ 20_____

Student's Name _____

Signed _____ Print Name of Parent/Guardian _____

Signed _____ Print Name of Parent/Guardian _____

ADVERTISING PERMISSION FORM

While my child is attending Salisbury Academy,

I, _____
Parent/Guardian

Please check appropriate box:

Permit

Do not permit

Salisbury Academy to use my child's picture or voice recording in any advertisement, newspaper article, or any other means of promotion on behalf of the school.

Student's Name: _____

Parent/Guardian Signature: _____

Date: _____