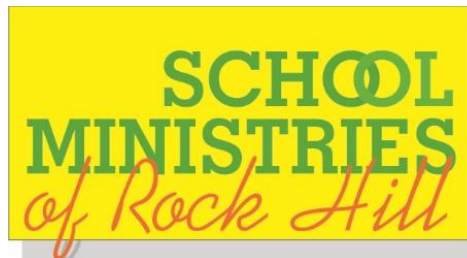


CONSENT FORM
for
Real Time
A Before-School Morning Program
at Castle Heights Middle School



I, (print name) _____, the parent/guardian of (print student's name) _____, give permission for the student listed herein to attend **Real Time**, the Before-School Morning Program of **School Ministries of Rock Hill**.

As the parent/guardian, I understand that this is an annual consent form; it will allow my child to attend the **Real Time** program for the 2018-2019 school year.

I further understand that, as the parent/guardian, I can remove the child at any point from the program upon written notice, and likewise the program has the right to remove any student from the program for disciplinary issues or for being disruptive.

I, the parent/guardian, understand there may be occasions where video or photos may be taken during classroom instruction or special events. I hereby give and assign **School Ministries of Rock Hill** and their legal representatives, the right and permission to use and publish, without charge, photographs, videos or other media of this student and his or her image, or likeness taken. These photographs and/or videos may be used in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, or in other similar ways.

My child has no food intolerances, allergies, or special medical and/or health needs.

My child has an intolerance / is allergic to the following foods and/or food ingredients:

My child cannot eat the following foods due to our preferences and/or beliefs:

My child has the following special medical and/or health needs that must be managed:

I hereby signify that I am over eighteen (18) years or age, and am the parent or legal guardian of the student identified above and am competent to contract in my own name.

_____ (_____) _____ / /
Print Full Name - Parent/Guardian Signature - Parent/Guardian Phone Date

PLEASE RETURN THIS FORM TO THE FRONT OFFICE AT CASTLE HEIGHTS MIDDLE SCHOOL