



St. Luke Lutheran Christian Care

AUTHORIZATION / RELEASE FORM

410 S. Rush St., Itasca, IL 60143 • P 630-773-3838 • F 630-773-0786

Email: mramirez@saintlukeitasca.org

Child's Name: _____

PLEASE RETURN FORM TO THE CHRISTIAN CARE DESK

****Please read all sections carefully. ** All sections must be signed and dated.**

I / We authorize Saint Luke Christian Care, its staff or agents, to take emergency measures which are judged necessary for the care and protection of my child. St. Luke Christian Care will first attempt to contact parents / guardians or other person(s) listed on the application as emergency contacts before such measures are taken. I / We will be responsible for the emergency medical charges upon receipt of the statement. Please note that hospitals generally do not provide medical treatment (except in serious emergency cases) until a parent personally signs a release:

Signature of Parent/Guardian _____ Date _____

I / We have received and understand the information in the Parent Handbook. I / We agree to abide by all Saint Luke Christian Care Policies and Billing terms as stated in the handbook and in this agreement.

Signature of Parent / Guardian _____ Date _____

I / We authorize Saint Luke Christian Care, its staff or agents, to take my child on walking trips/excursions (i.e. a walk around the block or to the park) without prior written notice. All such trips are under supervision of the staff and all health and safety procedures that are taken are in compliance with standards for licensure.

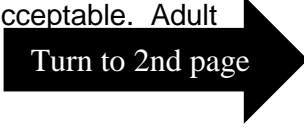
Signature of Parent/Guardian _____ Date _____

I / We authorize Saint Luke Christian Care, its staff or agents, to take pictures, movies or videos of my child for use in presentations to promote our program, and other reasonable advertising promotions, and educational activities, without compensation. The publications may include, newsletters, newspapers, television, Christian Care website, St. Luke Facebook Page and printed promotional materials. The children may, at times, be identified by name.

Signature of Parent / Guardian _____ Date _____

_____ I **do not** grant to Saint Luke, its representatives, and employees the right to take photographs of my child in connection with any activity or fieldtrip. I **do not** agree that Saint Luke may use such photographs of my child with or including such purposes as publicity, illustration, advertising, and Web content.

I / We authorize Saint Luke Christian Care, its staff or agents, to allow all Christian Care children the privilege of accessing technology during certain sessions. Users must accept full responsibility for all material viewed, downloaded and/or produced. Unauthorized access to systems, software, or data is unacceptable. Attempting to damage or destroy the data of another user is also unacceptable. Adult supervision is required for any technology use.

Turn to 2nd page 

Unacceptable use would include, but is not limited to:

- Intentionally sending or displaying pictures or words which are racist or sexually explicit
- Sending or receiving personal, not educational, e-mail messages
- Using obscene language
- Harassing, insulting, or attacking others
- Intentionally damaging computers, computer systems, computer networks, and any other school technology equipment
- Violating copyright laws
- Using another's password
- Trespassing in another's folders or files
- Intentionally wasting limited resources
- Employing the network for commercial purposes
- Non-educational chat usage and non-educational online game usage are prohibited.

Violations may result in a loss of access as well as other disciplinary or legal action.

Signature of Parent / Guardian _____ Date _____