



High Point Christian Academy  
Statement of Cooperation (PS-12<sup>th</sup> grade)  
2024-2025

**FINANCES:** We/I understand that by enrolling at HPCA we are committed and obligated to make all financial payments and follow all tuition and financial policies and procedures as listed in the Parent/Student Handbook. By not following these guidelines, we understand that our student/s may be dismissed from the school.

**FORCE MAJEURE:** The student's guardians understand that the duties and obligations of the School may be suspended immediately without notice during all periods that the School is closed because of force majeure events including, but not limited to fire, acts of God, war, governmental action, terrorism, epidemic, pandemic, or any other event beyond the School's control. See Parent/Student Handbook for additional information.

**PHONE CALLS:** We/I consent to receive automatically-dialed calls/messages from HPCA for emergency alerts and other information at the phone numbers (both landline and wireless) we/I have provided to the Academy.

**PHOTO/VIDEO PARENTAL CONSENT:** We/I understand that there will be times during the year, representatives from High Point Christian Academy, the news media, and others request permission to film, photograph, or videotape in our school. They subsequently use the material in social media; school publications; presentations to professional and community groups; newspapers and television stories. In addition, HPCA may use photographs and samples of student work on the HPCA website and other social media sites.

**PERMISSION TO PARTICIPATE/ASSUMPTION OF RISK:** I/We give permission for my/our child to participate in any and all school activities including athletic competitions, school-sponsored trips away from the school premises, and absolve the school from liability to us or our child because of injury or illness to us or our child at school or during any school activity. I/We understand that students will be accompanied by a teacher/coach and will be under adequate supervision. I/We understand that there is a risk of injury and exposure to infectious diseases with participation in these activities. In consideration of my/our child being allowed to participate in these activities, I/we assume to take responsibility for those ordinary and reasonable risks associated with participating in these activities. Sports injuries and infectious diseases can be severe and in some cases may result in permanent disability or even death. I/We agree to hold harmless High Point Christian Academy (HPCA), its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my/our child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force. This form will serve as a blanket permission slip from August 8, 2024 – August 7, 2025.

**VOLUNTEER DRIVER:** We/I understand that there may be occasions when a parent is needed to help transport students in their vehicles on field trips or sports events. Parents who drive are responsible to have adequate insurance coverage.

**DISPENSING STUDENT MEDICATIONS:** We/I understand that in accordance with North Carolina General Statute § 115C-375.1, **physician authorization (signature)** and **parent permission** are required before school employees can administer any prescription and/or over-the-counter medication to our/my child. The Prescription Medication Form (PMF) and the Over-the-Counter Medication Form (OTC) are available in the school office or on the HPCA website.

**PERMISSION TO TREAT/RELEASE OF MEDICAL INFORMATION:** I/We give consent for trained school staff to provide first aid, preventive, rehabilitative, and/or emergency treatment to my/our child if he/she becomes injured or sick while participating in a school-sponsored trip and/or athletics. I/We understand that the trained school staff will work within the confines of their specific professional certifications and licensures. In the case of a non-life-threatening medical issue, I/we request that the school contact me/us. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist if school personnel deems necessary. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter. I/we authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical treatment, and/or hospital care which, in the best judgment of a licensed physician or dentist is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of emergency transport and/or the previously mentioned services being provided. I/We give permission for the release of health information including verbal, print, fax, and electronic media, for the treatment of my/our child, within FERPA/HIPAA guidelines, to the appropriate HPCA personnel and/or attending health care providers.

**PARENT/STUDENT HANDBOOK COMMITMENT:** I/We agree to adhere to the policies and procedures stated in the divisional *High Point Christian Academy Parent/Student Handbook*, which includes the Parent Commitment, for the 2024-2025 school year. (*Parent/Student Handbooks* for each division are available online at [www.hpcacougars.org](http://www.hpcacougars.org).)

**One form needs to be completed for EACH child. (This form goes with teachers on field trips.)**

Child's Name _____ Grade _____
Emergency Contact (other than parent) _____ Cell Number _____
Do <b><u>not</u></b> release my child to: (if any) _____
Other than parents: the following may pick up my child: _____ _____
Child's health issues: (if any) _____
<b><i>Please update FACTS Family Portal with the above information and to add more detailed information.</i></b>

<b><u>Both parent signatures are required.</u></b>			
_____ Initial here if you have sole primary custody. (Only your signature is required.)			
Father/Legal Guardian Signature _____	Printed Name _____	Date _____	Cell Number _____
Mother/Legal Guardian Signature _____	Printed Name _____	Date _____	Cell Number _____

***Mission Statement***  
 HPCA is committed to Christ-centered, quality education, and academic excellence in partnership with family and church within a loving, caring atmosphere.