



**PILLARS ACADEMY WEEKEND SCHOOL**  
**Emergency Authorization Form**

<b>Student's Last Name</b>	<b>Student's First Name</b>
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I, the undersigned, parent or legal guardian of the participant — a minor — hereby authorize the teachers or parents of students acting in the capacity of supervisors/volunteers/vehicle drivers, as my Agents, to consent to medical, surgical, or dental examination and/or treatment for my child.

In case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and *CANNOT BE REACHED*, please contact the following individual, whom I am authorizing to act on my behalf.

<b>Emergency Contact Name (OTHER THAN PARENT OR LEGAL GUARDIAN)</b>	<b>Contact's Telephone Number</b>
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**Waiver of Liability and Disclaimer**

To induce Pillars Academy Weekend School to accept registration of the named individual, I, the parent or guardian of said individual hereby give my consent and agree to release, indemnify, and hold harmless Pillars Academy — its officials, teachers, and representatives — from any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on any beliefs or otherwise.

**Rules and Regulations:**

I, the undersigned, parent/guardian of \_\_\_\_\_, have read and understood the rules and regulations set by Pillars Academy's administration. My son/ daughter and I agree to abide by these rules and keep the premises clean, orderly and safe.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**