



## File Access Authorization

Everglades Academy's child care personnel is hereby given the authorization to view my child, \_\_\_\_\_, file. This information is to be kept confidential within Everglades Academy and will only be accessed in case of emergency.

---

Parent Name (Print)

---

Parent Signature

---

Date



Student Name: \_\_\_\_\_

I \_\_\_\_\_ have received a copy of Everglades Academy's policies for:

- Emergency Management Policy
- Discipline Policy
- Expulsion and Suspension Policy
- Incident Reporting Policy
- Pest Management Policy
- Disaster Adult Flyer
- Rilya Wilson Act

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date