



FORMS PACKET

2019 – 2020

1/5

CHECKLIST

- Photo consent form
- Permission to leave for lunch HS only
- Handbook consent/agreement
- Medication release form

Name

Grade

CONSENT FORM FOR PHOTOGRAPHY/FILMING

Student _____

Grade _____

American Academy in Bratislava
school _____

I, undersigned hereby give to American Academy LLC, with its registered seat at 1712 Pioneer Ave. Ste. 2153, Cheyenne, Wyoming 82001, USA and contact address: Praha 4, Svatoslavova 333/4, 140 00, Id. No.: 2017-000752595, register maintained by the Secretary of State of the State in Cheyenne, Wyoming, (hereinafter as „controller“) my explicit and unreserved consent to process my personal data as defined in Section 84 at seq. of Act no. 89/2012 Coll., Civil code, and in Act no. 101/2000 Sb., Personal data protection act (hereinafter as “PDPA”), as well as defined in legislation, which will replace this acts, or as defined in directly applicable EU law, with recording of images (photographic and video) capturing me (hereinafter as „images and sound recordings“) and to subsequently store and use this images and sound recordings, especially to publish images and sound recordings on controller´s websites, on its user accounts in social medias, as well as in controller´s premises during exhibitions and trade fairs to use in order to promote controller, etc. I further consent with usage of the images and sound recordings, in material form or digitalized form. I explicitly consent, that employees of the controller shall have access and process my personal data and that controller may transfer the images to process to other processors on basis of written agreement.

I hereby declare, that I was informed by controller about:

- the fact, that granting the consent is voluntary,
- the fact, that I can withdraw the consent at any time,
- the fact, that my personal data shall be processed in accordance with PDPA, eventually in accordance with legislation, which will replace this act and in accordance with directly applicable EU law,
- the fact, that my personal data shall be processed for as long as necessary, meaning for the period of existence of purpose, for which the consent is given, but no longer than until the consent withdrawal,
- the fact, that my personal data shall be processed by controller´s employees,
- the fact, that controller may transfer the images on basis of written agreement to process to other processors, which may process the personal data by their employees as well,
- my right of access to my personal data, right to rectification, to erasure, eventually to restriction of processing of personal data,
- my right to data portability,
- my right to lodge a complaint with a supervisory authority,
- the fact that my personal data may be transferred to other EU Member states and USA,
- my right to request information from controller about processing of my personal data and about obligation of controller to communicate the information without undue delay,
- the fact, that in case I discover or assume that controller or other processor processes personal data in violation with protection of private and personal life or on violation with law, especially when personal data are inaccurate with respect to the purpose of processing, I may request controller or other processor for explanation or I may request that controller or other processor for remedy.

I hereby declare, that I have read this consent and that I agree with its content and that it is declaration of my authentic and free will.

In _____ on _____

In _____ on _____

Student´s signature

Legal representative´s signature*

*In case student is younger than 15 years

PERMISSION TO LEAVE SCHOOL GROUNDS DURING LUNCH FORM
HIGH SCHOOL ONLY_____
Student name_____
Grade

I, _____ (parent/guardian name) give permission for my child to leave the American Academy in Bratislava during lunch time from 12:40 – 13:30. I further acknowledge that I take full responsibility for the student during the prior mentioned time period. Students who are late to school after lunch may lose the “leave at lunch” privilege.

Signature parent/guardian_____
signature student_____
city/date

STUDENT/PARENT HANDBOOK AGREEMENT

The American Academy Student/Parent Handbook contains important information regarding school policies and rules. By signing this form you agree that you have read and understood the contents of the Handbook.

Student name

Date

Student signature

Parent signature

You can view the handbook on our website: www.americanacademy.com

MEDICATION RELEASE FORM

Name

In case of minor incident, including headache, minor aches and pains or allergic reaction, the school administration of the American academy in Bratislava may provide up to one dose per day of:

Acetaminophen, pain medication:	YES	NO
Ibuprofen 200mg, pain reliever:	YES	NO
Paralen 500mg, pain reliever:	YES	NO
Topical Anti-Inflammatory cream:	YES	NO

List of medications (such as inhaler for Asthma) that student may self administer:

Allergies to any medication: YES NO

If yes, please list them: _____

Signature of parent/legal guardian:

Print first and last name:

signature

date