

PERMISSION FORM

The following should be used as a permission slip for parents to sign. If you are going on a trip that might require medical needs, there is also a form for release of medical treatment.

I, as a parent or guardian, give my child, _____(name)_____, permission to go _____(destination of trip)_____ on _____(date)_____. Recognizing that Shalom Christian Academy has taken reasonable precautions, I release Shalom Christian Academy from any liability related to this field trip.

Parent/Guardian signature

Date

PERMISSION AND HEALTH FORM

Student's name

Special medication & Medical needs

Address

Age

Parent daytime phone

Home phone _____

The above student has my permission to go to _____(destination of trip)_____ on _____(date)_____. I recognize that Shalom Christian Academy has taken all possible precautions and release them from any liability. In the event I cannot be reached in an emergency, I give permission to the physician or supervising nurse selected by the school advisor, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as needed.

Parent/Guardian Signature

Date