

Parental Consent Form

My son/daughter _____ has my permission to attend the field trip
to _____ Date _____

Time _____ Under the supervision of _____

Method of transportation _____

Medical Release

Student _____ Birth date _____

Home Phone _____ Emergency phone number _____

Student's physician _____ Phone _____

Medical Insurance _____ Group # _____

Has the student had any injury, allergies, or physical condition that should be watched?

If yes, please explain _____

I hereby authorize Grace Valley Christian Academy to place the above child in the care of a physician due to an injury or illness. The fee for the treatment given will be paid by the undersigned. I will not hold liable Grace Valley Christian Academy or it's representatives and will reimburse the advisors for any medical or other expenses incurred in the care of my son/daughter.

Signed _____
(Parent or Guardian)

Date _____

Telephone _____ / _____
(Home) (Work)