

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Doctor's Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Are there any health issues or special needs we need to be aware of? Yes No

If yes, list any special problems that our child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of:

Please tell us the name of the person that referred you to our school: _____

I give consent for this facility to secure any and all necessary emergency medical care for my child.

(Signature of Parent of Guardian)

(Date)

State of _____ County of _____

This instrument was acknowledged before me on _____ day of _____.

(Signature of Notary Public)

(Seal of Notary Public)

Field Trip Permission

I hereby give permission for my child to participate in any field trips. The Fellowship Christian Academy will inform parents of each field trip before the scheduled date. Your child's teacher plus at least one other sponsor will participate with the children on any scheduled trip.

(Signature of Parent or Guardian)

(Date)

Office Use Only

- T/Th M/W/F 5 day
 Early Late Extended
 Elementary Grade: _____

Teacher: _____