

Swimmer?

Yes

No



Christian Academy
 13431 Edwards St., Westminster, CA. 92683

EMERGENCY AND PERMISSION SLIP

(Please sign in both places)

Name of Student _____ Birthday ____/____/____ Grade Entering _____

Address _____ Home Phone _____

City _____ Zip _____

Mother's name _____ Father's name _____

Mother's Work Ph. _(____)_____ Father's Work Ph. _(____)_____

Cell Ph. _(____)_____ Cell Ph. _(____)_____

e-mail address _____ e-mail address _____

In case parents cannot be reached in an emergency or if the child becomes ill, we need three names of relatives or friends to contact. This is a requirement for registration.

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

If unable to contact the above, it is understood that my child will be taken to the nearest hospital where they are equipped to handle emergencies.

I hereby give my permission for said hospital to provide such emergency measures as it may deem necessary for the well-being of my child named above.

****ALLERGIES (FOOD/MEDICATION)** _____

Family Physician _____ Phone _(____)_____

Insurance Co. _____ Policy/Group# _____ Phone _(____)_____

Signature of Parent or Guardian _____

Date

Although all precautions will be taken to insure safe activities and field trips, the camp must have parental permission for these activities. This permission slip will be kept on file in the office and schedules will be made available advising you of the trips being taken.

I give my permission for my child to take part in all camp activities, including sports and camp-sponsored trips away from the camp premises, and absolve the camp from liability to me or my child because of injury to my child at camp.

Signature of Parent or Guardian _____

Date

This consent shall remain effective until Nov. 30, 2009
 (Please turn over and complete other side)

FIELD TRIP PERMISSION & RELEASE

I hereby grant permission for my child, _____, to attend and participate in Bethany Christian Academy’s Summer Day Camp program and to take part in all the camp activities. I hereby release and absolve from liability the school, day camp, its staff, and its workers in the case my student is injured during an activity or while being transported to and from a camp event or outing. This includes sports and the weekly scheduled field trips and outings to various locations away from the school premises. Schedules will be made available weekly advising parents/guardians of the trips being taken. I understand that all precautions will be taken to ensure the safety of my child. This permission slip and liability release will be kept on file in the school office.

Parent/Guardian Signature: _____ **Date:** _____

SIGN-OUT PROCEDURE & RELEASE

Students will be released ONLY to those people whose names are listed below, this includes parents and older siblings. Each child must be signed out.

Any changes in authorization to pick up your child must be received in writing by the office or Day Camp staff at least one day in advance.

Any restrictions of a non-custodial parent must be in writing and on file in the school office. The office must have a copy of all court orders regarding custody.

The following people are authorized to pick up my child(ren):

Parent/Guardian: _____ Phone _____

Parent/Guardian: _____ Phone _____

Other: _____ Phone _____

Other: _____ Phone _____

Other: _____ Phone _____

Other: _____ Phone _____

Other: _____ Phone _____

The following people may NOT pick up my child(ren)

Parents Signature: _____ Date _____