

**Alabama Christian Academy
Field Trip Permission
2010-2011**

My child, _____, has permission to leave the Alabama Christian Academy campus to attend planned events during the 2010-2011 school year. **I understand my child will be transported by bus to all field trips.** Teachers will notify parents of dates and times as these events occur during the school year.

Parent Signature

Date

EMERGENCY MEDICAL RELEASE

(This must be completed & signed by a parent or guardian)

Name _____ Home Phone _____

Address _____ City/State/Zip _____

Name of Insurance Company _____

Policy Number _____ Insurance Co. Phone # _____

Please list any prescription medications this student takes _____

Is this student allergic to any medications? ___ No ___ Yes _____

Does the student have any medical condition that would affect treatment in the event of an emergency? ___ No ___ Yes _____

(This information will be kept confidential)

I hereby authorize the teacher representing Alabama Christian Academy to act for me according to his or her best judgment in any emergency requiring medical attention.

Signature of parent or legal guardian

Date