



Reg. \_\_\_\_\_ Books \_\_\_\_\_ School Only \_\_\_\_\_ School/Daycare \_\_\_\_\_

A Ministry of Faith Baptist Tabernacle, Jamestown, Tennessee

# Activity Permit

Event: Field Trips and School Sponsored Trips Away From School Premises

## To Whom It May Concern:

As a parent/guardian, I do hereby authorize Faith Christian Academy at Faith Baptist Tabernacle and their representatives to secure any medical treatment necessary, which if delayed may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort. I will in no way hold Faith Christian Academy or Faith Baptist Tabernacle and their representatives responsible in the event of an accident that may harm my child.

My child, \_\_\_\_\_, has my permission to travel to any of the above mentioned. I, \_\_\_\_\_, am the \_\_\_\_\_ of the child.  
Relationship

Dates when release is intended for August 200\_\_ through May 200\_\_.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

\_\_\_\_\_  
Parent/Guardian Signature

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication Taking: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Wk. Ph. \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Statement of Cooperation

I give Faith Christian Academy permission for my child to take part in all school activities, including field trips and school sponsored trips away from school premises. I also believe that discipline is necessary for the welfare of each student, as well as for the entire schools. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures if deemed necessary by school authorities. I am also aware paddling is administered as a last resort and give permission for the school to carry out the punishment. I agree to support the educational standards of this school by helping my child with any area of academics they may be struggling in, and I will ensure any homework assigned is completed. I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any injury to my child. Should legal action, for any reason, be taken against Faith Christian Academy or any employee or agent thereof on my child's behalf, and the school or its agent not be found at fault. I agree to pay any attorney fees, court fees, damages or other costs that Faith Christian Academy or its agents should incur to defend itself against such action.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** It is understood that Faith Christian Academy has the right to accept or reject a student as it deems advisable.

## Student Information

List any know allergies: \_\_\_\_\_

List any medications: \_\_\_\_\_

Child's basic health:      Excellent      Good      Fair      Poor

Any physical limitations? \_\_\_\_\_

    If yes, please give brief description: \_\_\_\_\_

\_\_\_\_\_

—  
Date of last physical: \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_

Date of last TB test: \_\_\_\_\_

(COPY OF CURRENT SHOT RECORDS MUST ACCOMPANY THIS APPLICATION)

We are required by state law to have on file for each child here at the school designated adults allowed to pick up your child. This list will be kept on file in the school office and will be used to verify who is allowed to pick up your child. No one will be permitted to pick up a child from school whose name is not on the list. Identification will be required.

Name of Child \_\_\_\_\_

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

4. \_\_\_\_\_ Phone \_\_\_\_\_

The above may pick up my child.

**LEGAL CUSTODY**

Please be aware that in the case of legal divorce, we must have a copy of legal custody documents in the child's file in order to keep a parent from picking up his/her child. Please indicate below if this is the case and provide us with the legal document stating so.

\_\_\_\_\_ **DOES NOT** have permission to pick up my child. I have provided legal documents to this effect.

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date