

HERITAGE



Christian

Committed to Christian and academic excellence ■ K-12 accredited through ACSI and NCA - CASI

FIELD TRIP PERMISSION

CONSENT

Understanding that school sponsored field trips are a privilege, I agree to allow the child(ren) listed below to leave school property to attend any field trip the Academy may plan. We will be notified of each trip in advance. Any cost of said field trip must be paid two (2) schools days in advance. Parents will be notified of students who have not paid their fees.

Student Name _____ Grade _____ Allergies/Health Conditions _____

Student Name _____ Grade _____ Allergies/Health Conditions _____

Student Name _____ Grade _____ Allergies/Health Conditions _____

Student Name _____ Grade _____ Allergies/Health Conditions _____

Signature of Legal Guardian: _____ Date: _____

EMERGENCY HEALTH INFORMATION

Person to call if parents cannot be reached in case of emergency:

Name: _____ Phone: _____

Relationship to Child(ren): _____

Child(ren)'s Physician: _____ Phone: _____

Health Insurance Provider: _____ ID Number: _____

Hospital preferred for treatment: _____

EMERGENCY MEDICAL TREATMENT

I hereby give permission to Heritage Christian Academy, (the administrator, teacher or designated adult supervisor) to secure emergency medical and/or emergency surgical treatment for the above named minor child(ren) while in their care. Non-emergency medical treatment or elective surgery is not included in this authorization.

Signature of Legal Guardian: _____ Date: _____

Please provide daytime phone numbers where parents can be reached:

Father: _____
Work Home Cell/Other

Mother: _____
Work Home Cell/Other