



Name #3: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### 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)

*The Fellowship Academy admits students of any race, color, national origin, sex, or ability to all rights, privileges, programs, and activities generally accorded or made available to its students. It does not discriminate on the basis of race, color, national origin, or sex, in the administration of its educational policies or programs. It does not discriminate on the basis of ability, except when a disability or special need poses a safety hazard to staff and/or other children, or when a specific need is beyond the scope of care.*