



BEARSPAW CHRISTIAN SCHOOL OFF-SITE ACTIVITY CONSENT OF PARENT/GUARDIAN

School Name: Bearspaw Christian School	Student Name: _____
Program/Activity: Christmas Musical Dress Rehearsal	Date(s): December 8, 2014
Teacher In Charge: Mrs. Johnson and Mrs. Moore	To Be Turned In By: December 5, 2014

POTENTIAL HAZARDS: usual risks associated with bus transportation

CONSENT AND ACKNOWLEDGEMENT OF RISK

Mode of Transportation: Bus
 Company: _____

I permit my child to use alternate means of transportation. Specify means: _____

I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school.

I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event associated with his/her participation.

My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.

In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.

I acknowledge that it is my responsibility to advise the board of any medical and/or health concerns of my child which may affect his/her participation in the stated program or activity.

I consent that the school, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

Based on my understanding, acknowledgement, and consents as described herein, I agree that :

(Name of Student _____ has my permission to participate in this program/activity.

Date: _____ Name(Please Print) _____

Signature: _____

TRIP EMERGENCY MEDICAL INFORMATION (Attach a separate page if more space needed)

Student Name: _____ DOB: _____ AHC #: _____

Allergies(specific drugs, certain foods, insect stings, hay fever)
 Specify: _____

Reaction(s) to above _____ Carries Epi Pen: Y or N Carries Ana Kit: Y or N

Medical/physical conditions that may affect participation in the stated program/activity (e.g.: recent illness or injury, chronic conditions phobias, non/weak swimmer, etc.) Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:



BEARSPAW CHRISTIAN SCHOOL OFF-SITE ACTIVITY CONSENT OF PARENT/GUARDIAN

Medication(s) taken (name, reason, dosage, storage potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns:

EMERGENCY CONTACTS:

1) _____ Phone: (H) _____ (W) _____
(C) _____

2) _____ Phone: (H) _____ (W) _____
(C) _____