

**Heritage Christian School
Parental Permission Form**

School Sponsored Activities
Publication of Pictures
Medical Release
2011 – 2012 School Year (August –May)

Child's name (please list all who attend Heritage)	birth date	grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permission for Activities/Pictures

In signing this, we give permission for our child/children to take part in all school activities, including school sponsored field trips away from the school premises, any publication of pictures of my child in press releases concerning school activities. (Except as specifically listed below)

Medical/Dental Release

Furthermore, in the event our child/children become(s) ill or is/are injured while on a school sponsored activity, we give school authorities permission to take the following steps:

- a. Contact parent initially and follow their instructions.
- b. If parents cannot be reached; contact parties under emergency numbers given.
- c. If unable to reach any responsible party, school personnel will contact child's/children's family physician/dentist and follow his/her instructions.
- d. In case of emergency, school authorities will immediately seek qualified help and medical/dental treatment followed by parental notification.

Exceptions to any of the above _____

It is understood that Heritage Christian School does not provide medical or accident insurance for students, and it is the responsibility of the parent to carry adequate coverage to protect their child/children.

Signature and date of agreement:

Parent/Guardian

Date