

ONE ACCORD CHRISTIAN ACADEMY

7301 EDGEWATER DRIVE
ORLANDO, FL 32810
(407) 523-3002 / FAX (407) 521-3227

PERMISSION AND RELEASE FORM

CHILD'S NAME _____

DATE OF BIRTH _____

PARENT'S NAME _____

HOME ADDRESS _____

HOME PHONE _____ CELLPHONE _____

FATHER'S WORK PHONE _____ MOTHER'S WORK PHONE _____

CHILD'S PHYSICIAN _____ PHONE _____

MAY WE CALL ANOTHER PHYSICIAN IF UNABLE TO CONTACT THE ABOVE? _____

ANY KNOWN ALLERGIES? _____ IF SO, WHAT? _____

NOTIFY IN CASE OF EMERGENCY:

NAME _____ PHONE _____

NAME _____ PHONE _____

FULL NAME OF PERSONS PERMITTED TO REMOVE CHILD _____

I HEREBY GIVE PERMISSION FOR MY CHILD _____ TO PARTICIPATE IN ALL FIELD TRIPS AND SCHOOL ACTIVITIES. I UNDERSTAND THAT ALL PRECAUTIONS WILL BE TAKEN TO PREVENT ACCIDENTS AND THAT SIMPLE FIRST AID WILL BE ADMINISTERED WHEN NECESSARY. I ALSO UNDERSTAND THAT ONE ACCORD CHRISTIAN ACADEMY WILL DO THEIR BEST FOR THE SAFETY OF THE CHILDREN IN THEIR CARE AND WILL NOT BE NEGLECTED. I/WE _____ ASSUME ALL RESPONSIBILITY AND WAVE ANY AND ALL CLAIMS FOR COMPENSATION FOR ACCIDENTAL INJURY BY MY CHILD WHILE PARTICIPATING IN THE FIELD TRIP ACTIVITIES AND IN CARE OF THE STAFF AND VOLUNTEERS AND HEREBY AGREEE TO IDENTIFY AND HOLD HARMLESS ALL STAFF MEMBERS, WHETHER PAID OR VOLUNTEER, AGAINST ANY AND ALL CLAIMS THAT MAY ARISE FROM INJURY TO SAID CHILD WHILE PARTICIPATING IN THIS PROGRAM.

SIGNATURE OF PARENT _____ DATE _____