

MIDDLE SCHOOL BJA TRIP PERMISSION FORM



STUDENT'S NAME _____

GRADE (and room, if applicable) _____ STUDENT'S BIRTH DATE ____ / ____ / ____

Please complete the following information with a parent's signature and return it to the school office. This permission form will apply to Academy-sponsored trips for the current school year.

PERSONAL INFORMATION

Parents' names _____ Home phone _____

Father's work phone _____ Father's cellphone _____

Mother's work phone _____ Mother's cellphone _____

EMERGENCY CONTACT INFORMATION (in case parents cannot be reached)

Name/Relationship _____ Phone _____

HEALTH INSURANCE INFORMATION

Name of insurance company _____

Policy number _____

MEDICAL INFORMATION

Allergies/Medical issues _____

Medicines taken regularly _____

Medical restriction(s) _____

Prescription medication and any non-prescription medication must be given to a sponsor designated by an administrator. The sponsor will administer the medication at the appropriate time. A school trip medication form must accompany the medication.

I give my consent for my child, _____, to go on Academy-sponsored trips, and I give permission for my child to take part in any related activity. I understand and agree that Bob Jones Academy and/or Bob Jones University and their respective employees, agents, successors and/or assigns are not liable for any accident or injury that may take place during such trip or activity.

I authorize the sponsors of Academy trips to act for me according to their best judgment in any emergency requiring medical attention. I understand that on all trips sponsors will be responsible for keeping and dispensing all prescription and all non-prescription medications. I understand that Bob Jones Academy/Bob Jones University is not responsible for any expense incurred because of an injury or illness.

If any of the above information changes during the school year, I will inform the school office.

Parent's signature _____ Date _____

Please note any other helpful information _____