

# HIGH 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) \_\_\_\_\_

Students who carry EpiPens, inhalers or self-administer insulin must have the self-administered medication form on file at the office. Prescription medications will need to 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. Students are responsible for bringing their own over-the-counter 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 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 \_\_\_\_\_