



# THE KING'S ACADEMY

## 2023-2024 Off-Campus Activity Parent Permission Slip

Activity Name: \_\_\_\_\_  
 Activity Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 Location: \_\_\_\_\_ Activity Leader: \_\_\_\_\_  
 Means of Transportation: \_\_\_\_\_ Cost: \_\_\_\_\_  
 Dress Code: \_\_\_\_\_  
 What to bring: \_\_\_\_\_

(detach here)

\*\*\*\*\*

**(Return the portion below to the *Activity Leader*)**

Activity Name: \_\_\_\_\_ **Activity Leader:** \_\_\_\_\_

Student's Printed Name: \_\_\_\_\_

### PARENT/GUARDIAN & EMERGENCY CONTACTS

Parent/Guardian PRINTED name: \_\_\_\_\_

Parent/Guardian **day-time phone:** \_\_\_\_\_

Emergency contact PRINTED name: \_\_\_\_\_

**Day-time Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

### HEALTH INFORMATION (Please provide the following information if applicable OR write "NONE")

Medications being taken by student: \_\_\_\_\_

Allergies to foods, drinks, insect bites, medications, other: \_\_\_\_\_

\_\_\_\_\_

**Check box if life-threatening medical condition exists.** Explain: \_\_\_\_\_

\_\_\_\_\_

Permission to receive over-the-counter medicine:  Yes Initial: \_\_\_\_\_  No Initial: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

### CONSENT TO TREAT & LIABILITY WAIVER

**My student has permission to attend the above listed off-campus activity.**

**In the event I can't be reached in an emergency, I hereby grant my permission to the physician or dentist selected by the trip leaders to provide any medical or surgical attention for my student as deemed necessary. I hereby release and hold harmless The King's Academy and designated group leaders from all liability, and for all actions or claims that I or my student may now or hereafter have for damage or injury to my student or his/her property.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_