



## Student Activity Permission Form

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

I am a GUEST of SOUTH BAY FAITH ACADEMY ☐ Yes ☐ No of SBFA Student \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_ Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

Address \_\_\_\_\_

The above-named student has my/our permission to attend the extracurricular activity/field trip to \_\_\_\_\_

on \_\_\_\_\_ with South Bay Faith Academy. In case of emergency, first aid may be administered, including ambulance, if deemed necessary by the appropriate personnel. I also authorize the Hospital and/or a doctor to administer necessary medical treatment.

Does the student have a serious health problem? ☐ Yes ☐ No

If yes, please explain below.

### EMERGENCY INFORMATION

Emergency contact (other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Group Name \_\_\_\_\_ Expiration \_\_\_\_\_

I understand that an attempt will be made to notify a parent in case of emergency. I fully understand that Liability Insurance for South Bay Faith Academy does not extend to extracurricular activities or field trips. I am aware that the school does not pay for physician fees or medical expenses of my student while attending this extracurricular activity or field trip. I accept full responsibility for said expenses.

I accept full responsibility of my student at the conclusion of the extracurricular activity or field trip at so said time \_\_\_\_\_

and date \_\_\_\_\_.

I have read, understand, and agree to adhere to above outline of the **LIABILITY**.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_