



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 _____