



4200 Strong Rock Parkway
Locust Grove, Georgia 30248
678-833-1371

Permission Slip and Medical Release Form

Name of Student _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Emergency Phone: _____ Business Phone: _____

Event: _____

I, _____ (parent/guardian) do hereby give my permission for my child, to attend and participate in this activity sponsored by Strong Rock Christian School. Strong Rock Christian School rules, regulations and dress code will be in effect on this field trip.

The undersigned authorizes an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist .

The undersigned is liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services.

The undersigned does also give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the activities sponsored by Strong Rock Christian School. In no way shall the undersigned hold Strong Rock Christian School and its representatives accountable for any injury and/or subsequent expense incurred by the participant.

By signing below, the parent/guardian acknowledges and accepts the risks of physical injury associated with participation in the activities of Strong Rock Christian School. If a dispute over this agreement arises, the participant agrees to resolve the matter through a mutually acceptable arbitration process.

Signature _____ Date: _____
Participant

Signature: _____ Date: _____
Parent/Guardian

Proof of Insurance

Health Insurance Company _____ Phone # _____

Policy # _____ Group # _____