

AACS SPRING FLING PARENTAL PERMISSION FORM

I hereby give permission for _____ to attend and participate in all activities related to the Spring Fling. I certify that this child is in good health and know of no conditions that would prevent normal activity.

I give the chaperones and the staff at Rockbridge permission to seek and authorize reasonable and prudent first-aid, emergency, or professional help in case of injury or illness. I also give permission to transport my child to and from Rockbridge on school authorized transportation (bus or parent volunteer's car).

I release, discharge, and waive any claims or causes of action against Rockbridge, any chaperones and the school itself from any damages or injuries that might occur during the course of the trip.

Finally I support Mr. Brophy and Mr. Hansen in any reasonable discipline that may occur during the trip and will, if needed, come down and remove my child from the trip if their behavior so warrants.

Parent Signature _____ Date _____
_____ Date _____

STUDENT INFORMATION

STUDENT NAME _____
DATE OF BIRTH _____
LAST TETANUS _____
ALLERGIES _____

MEDICATIONS (please see and follow the school's medication policy found on the web page)

****MEDICATION DISTRIBUTION FORM MUST BE TURNED IN & MEDICATIONS IN OFFICIAL CONTAINERS *****

EMERGENCY CONTACTS:

NAME _____ **PHONE** _____

NAME _____ **PHONE** _____

NAME _____ **PHONE** _____

INSURANCE COMPANY _____

POLICY # _____ **PHONE #** _____