



I, the undersigned, hereby grant my child, _____, permission to participate in any Coral Springs Christian Academy sponsored field trips, athletic teams, sporting events, and other school related activities during the 2017-2018 school year.

By my signature to this statement of permission, I hereby release and hold harmless Coral Springs Christian Academy, Inc., and the individual sponsors, including teachers, administrators, and parents from liability, mishap, or injury to the student named herein from the time of departure to the time of return. I do not hold them responsible for the loss of personal items.

In the event my child becomes ill or injured while under school supervision, I give permission for the school authorities to seek medical or surgical services for my child. It is understood that the best possible care will be given to my child.

Child's name: _____ Grade: _____ Date of birth: ____/____/____ Social Security: ____/____/____

Parent's Names: _____ Father's E-mail: _____

Parent's Address: _____ Mother's E-mail: _____

_____, FL _____

Child's address (if different): _____, _____, FL 3_____

Phone number at Child's home: (____) _____ - _____

Doctor's Name: _____ Doctor's Phone: (____) _____ - _____

Health Insurance Carrier _____ Policy # _____

Where can parents be reached if not home? (We will contact the following names in order unless you tell us otherwise)

Mother: _____
First & Last Name Business or Company Telephone Cell Phone

Father: _____
First & Last Name Business or Company Telephone Cell Phone

Neighbor/Relative: _____
Relationship (Neighbor, Grandparent, etc.) Telephone Cell Phone

Neighbor/Relative: _____
Relationship (Neighbor, Grandparent, etc.) Telephone Cell Phone

Allergies or other conditions: _____

PLEASE ATTACH A COPY OF YOUR CHILD'S INSURANCE CARD TO THIS FORM

Father's/Guardian Signature _____ **Date** _____

Mother's/Guardian Signature _____ **Date** _____