

## Release to Travel Permission Form for 2018-2019

To Students and Parents/Guardians:

Community Christian Academy will make every reasonable effort to guard the health, safety, and welfare of the participants in school sponsored activities. Despite these efforts and the precautions taken, it can be anticipated that an emergency, sickness, or injury may affect students participating.

The school carries liability insurance and beyond that neither the School nor any administrator, teacher, employee, or agent with the School, not any party, organization, or agency collaborating with the School is or shall be responsible or liable for any injury, loss, damage, deviation, delay, curtailment, however caused, or the consequences there of which may occur during any part of the travel or study program. **The School therefore requires that each participant carry appropriate medical and liability insurance.**

I have read the above paragraphs and so accept the statement set forth by Community Christian Academy.

**I hereby grant permission for my child to participate in and travel to and from Community Christian Academy to and from all sponsored events, field trips, and field studies.**

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Date

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Signature of Parent/Guardian

Although they may rarely occur, emergencies can arise whereby immediate action is required to preserve the health and welfare of the student. The agreement set forth below is designed to protect both the student and Community Christian Academy in the event an emergency arises which requires immediate action parents would take if they were present.

### Permission for Emergency Treatment

Since minors may not, as a rule, be administered an anesthetic or have surgery without written consent of a parent or guardian, we are requesting that parents/guardians sign the following statement. This will prevent a dangerous delay in case an emergency arises whereby hospitalization and/or surgery may be required and it may be impossible to contact the parent or guardian immediately.

In the event of an illness or injury to our son/daughter/ward we hereby authorize a representative of Community Christian Academy to obtain the services of a licensed practitioner and, where required, to give consent for each treatment as may be necessary to the same extent and with the same effect as though we had given it ourselves.

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Date

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Signature of Parent/Guardian

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Health Insurance and Policy Number

Student's Name (please print)

Grade

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**(Please complete a Release to Travel per student)**