

**CONSENT FOR TREATMENT OF MINOR DEPENDENTS**

Name \_\_\_\_\_ Date \_\_\_\_\_

Does your child have any unusual physical condition or health problem? Allergies? Reactions to bee stings or other insect bites? If yes, please explain.

Does your child have any condition that requires regular medication? If yes, please explain.

Are there any restrictions of activity for medical reason? If yes, please explain.

\*\*ALABAMA IMMUNIZATION RECORDS MUST BE ON FILE  
IN THE OFFICE TO COMPLY WITH ALABAMA STATE LAW.\*\*

**EMERGENCY CONTACT OTHER THAN PARENTS**

NAME \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

NAME \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Doctor's Name and Phone \_\_\_\_\_

Doctor's Name and Phone \_\_\_\_\_

Hospital of choice \_\_\_\_\_

Insurance Company and Policy Number \_\_\_\_\_

Reasonable efforts will be made to contact parents in the event of an emergency. However, I authorize Praise Christian School to seek medical treatment deemed necessary by the school administration if I cannot be reached.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Each family is responsible for medical coverage.**

I agree to apply for benefits from the personal hospitalization and medical coverage available to my family. Praise Christian School is *not* responsible for student insurance.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

GENERAL FIELDTRIP PERMISSION FORM

*Consent for medical treatment forms must be completed in full and on file in the school office.*

Family Name \_\_\_\_\_ Dare \_\_\_\_\_

My child(ren) has (have) permission to attend Praise Christian School sponsored field trips. Reasonable precautions will be taken to insure each student's safety. Field trips are selected for their age appropriate activities.

I agree not to hold PCS or its staff members responsible for injuries incurred during the course of travel to and from the field trip or while at the field trip.

List your children's names and grade level:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_