



San Diego Academy

Parental Permission/Consent Form

Activity _____

Class/Organization _____

Date of Trip _____ Departure Time _____ Return Time _____

Destination _____ Cost _____

Transportation School Van Parent Vehicles Chartered Bus

Sponsors _____

Additional Information _____

I hereby give permission for my child _____

Name of Student

to go to _____ on _____.

Parent Signature

CONSENT TO TREATMENT

In the event of sudden illness or accident requiring attention, I hereby authorize San Diego Academy to administer first aid, and if necessary, take my child to ANY QUALIFIED EMERGENCY CARE CENTER for treatment.

Please list any special medical needs:

Parent Signature

RELEASE

I agree to indemnify and hold harmless the sponsors, San Diego Academy and Southeastern California Conference of Seventh-day Adventists, for liability arising from any accident or injury occurring during the trip to _____ on _____. This specifically includes injury arising from negligence on the part of those mentioned above. This recognizes a shared responsibility between school, student and home. This does not include gross negligence on the part of those mentioned above. This does not waive coverage within the policy limits of student accident insurance which covers school-sponsored activities.

Parent Signature

Date

Student Name

Print Parent Name

Day Contact Phone

Evening Contact Phone