

LIFE CENTER ACADEMY
PARENTAL AUTHORIZATION FORM

Your child has the opportunity to participate on a trip to:

Destination: _____

Date: _____ Times: _____

Chaperoned by: _____ Price: _____

In order for your child to participate, this form must be filled out completely and returned by _____. No student will be allowed to participate without a completed authorization form.

Emergency Information

To contact in case of emergency:

	<i>Parent/Guardian</i>	<i>Parent/Guardian</i>	<i>Friend/Relative</i>
<i>Name:</i>			
<i>Home Phone:</i>			
<i>Work Phone:</i>			
<i>Cell Phone/pager:</i>			

Family Physician: _____ Phone: _____

Special medical condition of your child:

I give _____ my consent to participate in this event.
In doing so, I agree to the following:

1. In case of a medical emergency, I grant the chaperones the right to authorize medical care if none of the persons named above can be reached.
2. I agree to pay the expense of returning my child home before termination of the event if he/she does not adhere to established standards of conduct.
3. The school is not responsible for damage or loss of property personally owned by my child.

Signature of Parent/Guardian

Date