

**Authorization For Activities Off School Premises 2010/2011**

Smyrna Christian School  
302.653.2538

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

I hereby consent to have my child participate in field trips supervised by the staff of Smyrna Christian School.

I hereby authorize the staff of Smyrna Christian School to call an ambulance for my child in case of accident or acute illness and to arrange for necessary emergency and surgical care if I am not immediately available.

It is understood that a conscientious effort will be made to notify the parents before such action will be taken.

I also agree to accept responsibility for the cost of above medical services.

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Neighbor/Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Signatures: \_\_\_\_\_  
(Father)

\_\_\_\_\_  
(Mother)

\_\_\_\_\_  
(Date)

\* This form must have two signatures. If child is in the custody of one parent, please indicate.