

Unity Christian High School Signature Form 2017-18 (3 sections)

STUDENT NAME _____

PERMISSION 2017-18

I affirm that I am the parent/guardian of the student listed above and give permission for him/her to attend official school sanctioned events for 2017-18 off the Unity Christian campus.

PARENT SIGNATURE _____

LIABILITY RELEASE 2017-18

I have agreed in good faith to allow my son/daughter to be driven back and forth to participate in the events/activities of Unity Christian High School during the year 2017-18, knowing that the staff and leaders are attempting to provide an event/activity that is beneficial to my son/daughter for whom I am legally responsible. With this understanding, I agree to forfeit any legal right to hold the officers, staff, and leaders of Unity Christian High School responsible for any accident that may occur to/from/during these services/events/activities. I understand that in the event the student for whom I am responsible causes damage or trauma to any person or property, that I will be financially and legally responsible for my son/daughter's behavior. I also understand that he/she may be expelled from an event/activity due to gross misconduct or inappropriate and disobedient behavior, that I will be financially and physically responsible for bringing him/her home.

Printed Names _____

Parent/Guardian Signatures _____

Date _____

NEXT PAGE - Health Information

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HEALTH INFORMATION 2017-18

Name _____ Grade _____

Parent Phone Numbers/Other Emergency Names and Phone Numbers:

1. _____
2. _____
3. _____
4. _____

Health Insurance Company _____ Policy No. _____

List any medical conditions/health concerns that school needs to be aware of: (examples: controlled medications, asthma, diabetes, heart conditions, seizure disorders, hearing/vision difficulties etc.)

Allergies _____

Reaction we would notice _____

Medication stored in Unity's lockbox? (additional forms will need to be filled out)

Please explain any medical conditions below:

What might happen – What we should do

I understand that, in the case that medical treatment is deemed necessary by any staff member or leader while at events, effort will be made to contact me at the phone numbers listed above if time permits. If I cannot be reached, however, or if time does not allow, I give permission to the staff or leaders of Unity Christian to secure the services of a licensed physician to provide any care necessary, including anesthesia, for the well-being of my son/daughter.

PARENT SIGNATURE _____

Other comments: