

# CHRIST CHAPEL ACADEMY

## Authorization for Emergency Medical Treatment 2019 Summer Camp *"God Always Wins"*

I/we (please print parent/guardian name) \_\_\_\_\_  
give permission to Christ Chapel Academy to authorize any medical treatment needed in case of  
emergencies for our child, \_\_\_\_\_ during the summer camp  
session(s) June 10, 2019 – August 16, 2019.

### **AGREEMENT TO PICK UP AN ILL CHILD**

You will be notified if your child becomes ill while attending Christ Chapel Academy.  
I/we (please print parent/guardian name) \_\_\_\_\_ agree  
to make arrangements to pick up my child if he/she becomes ill during the camp day.

### **AGREEMENT FOR CHILD TO PARTICIPATE IN SCHOOL FIELD TRIPS**

I/we agree to let my child participate in prearranged field trips with his/her class. I understand that I will  
be notified at least two weeks in advance about such trips. I also understand that I reserve the right to not  
have my child participate in any particular trip.

**If, however, my child does not attend the field trip, I understand it is my responsibility to provide  
alternative care for him/her. Care will not be available at Christ Chapel Academy.**

**I/WE HAVE READ THE PRECEDING POLICIES AND  
AGREE TO COMPLY WITH EACH OF THEM.**

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date