

# PARENT AND GUARDIAN'S PERMIT

School Year \_\_\_\_\_

Student's Grade \_\_\_\_\_

\_\_\_\_\_ is now under my control and in my custody. I hereby give my consent for the above named student to participate in a Greenbrier Christian Academy school trip and to go with **his/her teacher**, or any other approved chaperone, to all designated places or tours involved in the planned trip. The parent herewith grants permission for any authorized representative of Greenbrier Christian Academy to secure medical services for the above named student if necessary.

It is understood that neither Greenbrier Christian Academy nor its Trustees, Superintendent, Principal, Teachers, Bus Drivers and employees, together with all persons, including parents assisting with any phase of such trip and activities, assumes any responsibility, **other than that already imposed by law**, in case an accident occurs. In consideration of the above named student being permitted to make such a trip and take part in such activities, I hereby release Greenbrier Christian Academy and all those assisting with any phase of such trips and activities, **except that I do not release any party from liability for negligence, recklessness, or intentional misconduct**. I agree to indemnify and hold all of said parties harmless from all claims hereafter made by, asserted on behalf of the above named **student, with the exception of claims for negligence, recklessness, or intentional misconduct, as specified above**.

**In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician on record and to follow his/her instructions. If the school is unable to contact this physician, the school may make whatever arrangements seem necessary.**

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**\*\*\*FORM MUST BE NOTARIZED FOR ALL 8<sup>th</sup> – 12<sup>th</sup> GRADE STUDENTS\*\*\***

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.

## PERMISSION TO TREAT

Your initials below will indicate parental permission to administer medical care as indicated below. As always, your child will be thoroughly assessed when they visit the clinic. You will be contacted if there are indications of anything other than a minor incident or if these parameters do not relieve your child's symptoms.

- \_\_\_\_\_ May cleanse minor cuts and abrasions with antiseptic and apply antibiotic ointment like Neosporin or equivalent as needed
- \_\_\_\_\_ May have cough drops as needed like Halls or equivalent for cough or scratchy throat as needed
- \_\_\_\_\_ May apply anti itch cream like Benadryl or equivalent to bug bites or other itchy skin eruptions as needed
- \_\_\_\_\_ May have 1-2 chewable TUMS or equivalent for indigestion or upset stomach as needed
- \_\_\_\_\_ May apply Vaseline to chapped lips as needed
- \_\_\_\_\_ May instill saline drops like Visine or generic equivalent to eyes for minor itching or dryness
- \_\_\_\_\_ I give permission for vision, hearing or scoliosis screening as indicated for grade level