



PARENT PERMISSION FORM FOR FIELD TRIPS, DAILY ACTIVITIES AND TRANSPORTATION  
FOR CO-CURRICULAR ACTIVITIES

The Refuge Academy/ *The Point of Refuge United Pentecostal Church*

I/We, the parents/guardians of the student named below, understand the nature of the school programming and that The Refuge Academy will provide numerous activities in the community. We hereby grant permission for \_\_\_\_\_ (Student's Name) to participate in these various opportunities. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless the Refuge Academy/*The Point of Refuge United Pentecostal Church*, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs and I cannot be located.

In the event that a student must return to the Refuge Academy/*The Point of Refuge United Pentecostal Church* independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

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Parent or Guardian (print) /Date

Parent or Guardian (signature) /Date

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please check below IF your child has sensitivity to:

Bee Sting  Nuts  Dairy  Latex  Other \_\_\_\_\_

Required medications:

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