



SANTA CLARITA CHRISTIAN SCHOOL

27249 Luther Drive, Santa Clarita, CA 91351

661-252-7371 Fax 661-252-4354

School Activity Permission Form

Student's Name _____ Grade _____ Date of Activity _____

Description of Activity _____ Overnight? _____

Parent's Name _____

Address _____ City _____ Zip _____

Father's Phone Number: Home _____ Work _____ Cellphone _____

Mother's Phone Number: Home _____ Work _____ Cellphone _____

Family Physician _____ Phone _____

Are there any allergies or other physical conditions that are a factor for this activity?

What medications are currently being taken and will be necessary to take during this activity?

Whom to contact in the case of an emergency and you as parents cannot be reached:

Name _____ Relationship _____ Phone _____

As the parent/guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the above named student in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent Signature _____ Date _____