HORIZON CHRISTIAN ACADEMY
PERMISSION FORM

I give permission for my child _____, Grade _____, to participate in
(Student's Name)
_____**Jerusalem Project on campus**_____
(Activity/Location)
on ____Monday, October 18, 2010____. I understand my child will be supervised by Horizon Christian Academy staff and faculty members. No Transportation is needed.

_____ _____
Parent Signature Date

HEALTH INFORMATION

Has your child ever experienced, been diagnosed or shown symptoms of the following:

Yes	No		Yes	No	
☐	☐	Asthma (mild, moderate, severe)	☐	☐	Allergies
☐	☐	Attention Deficit Disorder	☐	☐	ADHD
☐	☐	Emotional/Psychological	☐	☐	Vision Problem
☐	☐	Diabetes	☐	☐	Hearing
☐	☐	Medications	☐	☐	Surgical Procedures

If "Yes" to any of the above, please explain: _____
_____
_____

AUTHORIZATION FOR TREATMENT OF A MINOR

I/We, the undersigned, parents of _____ a minor, do hereby authorize Horizon Christian Academy Personnel acting under the administrative authority of Horizon Christian Academy, or Horizon Christian Fellowship, to act as my/our agent(s) to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I/We, hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of §6910 and §6550 of the Family Code of California, and §1283 of the Health and Safety Code of California to surrender physical custody of such minor to my/our above-named agent(s)/ Horizon Christian Academy Personnel upon the completion of that treatment.

These authorizations shall remain effective until June 30, 2010, unless revoked in writing delivered to said agent(s).

Insurance carrier _____Policy #: _____Student's birth date: __
Mo/Day/Year
Emergency contact Name_____ (Phone)_____.

_____/_____ Dated: _____/_____/20__
Parent/Guardian Print Name / Parent/Guardian Signature

_____/_____ Dated: _____/_____/20__
Parent/Guardian Print Name / Parent/Guardian Signature

EMERGENCY CONTACT INFORMATION

In case of emergency, please contact _____ at _____.
Name Phone