

All School Activity Permission Form  
Jackson Christian Elementary School  
801 Halstead Blvd.  
Jackson, MI 49203  
517-784-6161

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

This permission form applies to the following:

School Retreats

Classroom field trips

Drama/Musical Rehearsals

Special Needs/Parent's wishes: If your student has allergies or other medical or special needs, **please write them here or attach them if necessary:** \_\_\_\_\_

\*Special student information attached. Parents initial here: \_\_\_\_\_

Please understand that such special needs may prevent a student from participating in some events.

Also, if you do not wish for your student to participate in a particular aspect of this trip for any reason, **please identify all such restrictions here:** \_\_\_\_\_

Please also communicate relevant information regarding any restrictions or other special situations to your child.

I/we further understand that a situation may arise where immediate medical attention may become necessary for my/our child and give permission to the school staff to provide or authorize this treatment as they deem necessary in their discretion.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those reasonable risks associated with the travel and activities. I/we agree to hold harmless Jackson Christian School its affiliated organizations, employees, agents and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees or volunteers.

PARENT/GAURDIAN SIGNATURE \_\_\_\_\_

Dated: \_\_\_\_\_