

**MARANATHA CHRISTIAN ACADEMY PARENTAL PERMISSION FORM**

**Participation and Travel**

Initial \_\_\_\_\_ I hereby give permission for my child to participate in Maranatha Christian Academy (MCA) school-sponsored activities on- or off-campus. Permission is granted for my child to participate in all activities (academic, field trips, athletic activities, overnight trips, etc.) as directed by faculty, teachers, and designees of MCA unless otherwise noted in advance of the scheduled activity. It is understood that due to circumstances, alteration of scheduled plans may be necessitated by faculty, teachers, and designees. COVID precautions will be taken.

Initial \_\_\_\_\_ I hereby give permission for my child to be transported in buses and, due to necessity, in non-school provided vehicles driven by adult drivers (faculty, parents, grandparents, adult family members) and across state lines as necessary for school-sponsored activities. This form only applies to MCA school-approved activities and does not include parental-arranged travel, students as drivers, to and from school, or to any department's events.

**Medication and Allergies**

Initial \_\_\_\_\_ I hereby give MCA designees permission to administer the following, FDA-approved OTC medications to my child, per manufacturer's recommendations, as requested by my child. Designees shall not be liable for damages as a result of any adverse reaction by the student after medication administration.

acetaminophen    ibuprofen    diphenhydramine    antacids    throat lozenges    topical medications

Initial \_\_\_\_\_ Allergies/Allergic Reaction: While every effort will be made to provide a safe environment, MCA cannot assume liability for providing an allergy-free environment.

Allergy to: \_\_\_\_\_ Symptom: \_\_\_\_\_ Treatment: \_\_\_\_\_

Is student able to self-administer treatment? \_\_\_\_\_

Has your child been diagnosed with asthma? \_\_\_\_\_ (If yes, please provide the school with an inhaler and instructions).

Parent/Guardian must provide treatment medication in original prescription container along with clear administration instructions by manufacturer or student's physician.

**Permission for Emergency Treatment and Release from Liability**

I hereby give permission for my child to participate in all MCA school-approved activities and absolve MCA and all MCA designees from liability to me or my child because of any injury to my child at school or during any school activity. In case of emergency illness or accident, first-aid will be administered and the undersigned will be notified. If the undersigned cannot be immediately located, or due to the severity of the incident, the child will be taken to the closest appropriate hospital, by ambulance if required. MCA does not assume responsibility for the payment of ambulance or any other medical fees.

I, the undersigned parent or legal guardian of the above mentioned minor, do hereby authorize any examination, dental, medical, or surgical diagnosis or treatment by any physician or dentist licensed by the state and hospital service that may be rendered to said minor under the general, specific, or special consent of an acting agent of the school, the temporary custodian of the minor, whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the state. I authorize the physician or dentist to call in any necessary consultants, at their discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

Parent/Legal Guardian 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

People who have permission to pick up this child: \_\_\_\_\_