

JOSHUA SPRINGS

CHRISTIAN SCHOOL



57373 Joshua Lane, Yucca Valley, CA 92284, Phone: (760)-365-3599, Email: school@joshuasprings.org

Permission Slip

Print, complete, and Submit to Trip Organizer

Destination: _____
Date of Trip: _____
Time Leaving: _____ Time Returning: _____
Cost of Trip: \$ _____

Emergency Information

Students Name: _____ **Birthday:** _____ **Grade** _____
Home Phone _____
Home Address: _____ City _____ ST _____
Father's Work # _____ Father's Cell/Pager _____
Mother's Work # _____ Mother's Cell/Pager _____
Emergency Contact Name _____ Phone _____
(If Parents are Unreachable)
Health Insurance Carrier _____ Policy # _____
Physician's Name _____ Phone _____
Any Restrictions? _____ Allergies? _____
Taking Medications? _____

I, the undersigned parent, give authorization and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered as necessary by a qualified member of the medical staff of a licensed hospital. It is understood that all efforts will be made to contact me prior to rendering treatment, but treatment will not be withheld if I cannot be reached. I will not hold Joshua Springs Christian School, its employees, officers or agents responsible in the case of any accidents.

Parent Signature _____ Date _____