



Immanuel Lutheran Christian Academy

2024-2025 Annual Activities & Field Trip Permission Form

Student's Name: _____ **Grade:** _____ **Birthdate:** _____
Policy Holder: _____ **Policy Number:** _____

Health Insurance Provider: _____

Doctor's Name: _____ **Telephone #** _____

We hereby give our consent for the above student to accompany his/her class on field trips this school year. We recognize that Immanuel Lutheran Christian Academy teachers will make every effort to communicate all necessary details about the trip in a timely fashion and will see that our child is kept safe during the activity. We agree to pay any needed expenses for the trip. We also give our consent for the above student to Immanuel Lutheran Christian Academy in interscholastic activities. We understand that the school may not provide transportation to all events and will permit my child to be transported to events by a parent vehicle in such a case. We also give our consent for him/her to accompany the team on trips and will not hold the school or parent responsible in case of accident or injury whether it be en-route to or from another school, or during practice, or an interscholastic contest, and we hereby agree to hold Immanuel Lutheran Christian Academy its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the activities program at Immanuel Lutheran Christian Academy.

Father/Guardian Signature: _____ **Date:** _____

Cell Phone Number: _____ **Home Phone Number:** _____

Mother/Guardian Signature: _____ **Date:** _____

Cell Phone Number: _____ **Home Phone Number:** _____