

LIFE Christian Academy † A Child's LIFE

A Ministry of LIFE Fellowship

11500 North Sheridan Boulevard † Westminster, CO 80020-3302

(303) 438-1260 † FAX (303) 438-1866

Student Name: _____ Grade: _____

2016-17 Notarized Permission Slip

Activity & Field Trip

I give my full permission for my child listed above to attend and participate in supervised and planned activities and field trips at **LIFE CHRISTIAN ACADEMY/A Child's LIFE**. Activities off campus may necessitate students being transported in church/school-owned or private vehicles. I further give full and complete consent for the staff/teachers to take such action (even admittance to a hospital) as they deem necessary in case my child needs medical attention resulting from illness or accident whether on or off campus. I understand I will be notified as soon as possible if such an incident should occur. I further absolve **LIFE CHRISTIAN ACADEMY/A Child's LIFE** and the staff/teachers from liability due to any accident or illness.

Parent's Signature: _____ Date: _____

Photograph Taking/Classroom Posting of Photographs

By signing the following permission slip I give permission for LIFE Christian Academy /A Child's LIFE staff or students to photograph my child for the purpose of classroom projects and display throughout my above named child's classroom.

Parent's Signature: _____ Date: _____

(Parents, Do not write below this line.)

County of: _____ State of: _____

Ascribed and sworn to before me this _____ day of _____

Notary's Signature: _____

Commission Expires: _____