

# C.C.A. FIELD TRIP/TRANSPORTATION PERMISSION FOR 2010-2011

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby give my child, the above-mentioned minor, my express permission to travel with **CELINA CHRISTIAN ACADEMY** in an FBC van on field trips and to school activities. I understand I will receive a separate permission form for each and every field trip taken by my child's class. This separate permission form will outline the details of the field trip, and I will have the opportunity to give or rescind my permission to attend that field trip at that time.

Dated: \_\_\_\_\_  
Signature of Parent or Legal Guardian

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## MOVIE & PHOTO PERMISSION

- I hereby give permission for my child to view G-Rated movies as a supplement or to enhance the classroom curriculum.
- I give **CELINA CHRISTIAN ACADEMY** permission to use my child(ren)'s image in any advertising for the school, including, but not limited to, brochures, advertisements, bulletin boards, the web site, media presentations, or any media which promotes **CELINA CHRISTIAN ACADEMY**.
- I do not want my child(ren)'s image to appear in any media which promotes **CELINA CHRISTIAN ACADEMY**.

## EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, accident, or serious illness in which medical attention/treatment is required for my child, I do hereby authorize that qualified and licensed medical personnel give treatment. I understand that I will be contacted first. If **CCA** is unable to reach me, my signature below authorizes **CCA** to exercise their own judgment in contacting my child's physician (listed on the Health History form) or make arrangements as deemed necessary to have my child transported to the emergency medical care facility listed below (*the facility of choice is not guaranteed*). I understand and agree that all expenses incurred in treatment will be assumed either directly by me or by my insurance company. I will not hold **CELINA CHRISTIAN ACADEMY** or **FIRST BAPTIST CHURCH OF CELINA** responsible for any emergency, accident, or serious illness that requires the use of this Emergency Medical Authorization.

Name of preferred Emergency Medical Care Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Signature of Parent or Legal Guardian

Printed Name of Parent/Legal Guardian

*This form is designed to meet legal requirements established in HB 1452, Acts of the 51st Legislature, Regular Session, which provides that any person who has custody of a minor may give consent to medical care if the person has a signed affidavit by one or both parents authorizing the person to give consent.*

The State of Texas }  
County of Collin }

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed in the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public, Collin County, Texas