



**ACTIVITY CONSENT AND RELEASE FORM  
2020-2021**

I, \_\_\_\_\_, of  
(Parent/Guardian Name-Please Print)

\_\_\_\_\_  
(Parent/Guardian Address)

do hereby give my Child/Student \_\_\_\_\_ in grade \_\_\_\_\_  
(Student Name)

my permission and consent to participate in scheduled field trips, co-curricular, and extracurricular activities, and do hereby assume responsibility and liability for any acts committed by my child during the trips throughout the 2020-2021 school year.

I do hereby release **Naples Christian Academy**, its employees, agents, independent contractors, and any and all chaperones or sponsors, from any and all liability, claims, suits, and causes of action whatsoever for injury to the person or property of my child which may occur in the course of a field trip.

It is my understanding that **Naples Christian Academy** is relying on this consent and release, and but for the execution of this document my child would not be permitted to participate in scheduled field trips.

This release is executed by me as legal guardian for my child and it is my intention that it shall be binding on my child, spouse, heirs, legal representatives, successors, and assigns.

**Emergency Information**

**Allergies** \_\_\_\_\_

**Medications** \_\_\_\_\_

**Tetanus** \_\_\_\_\_

**Child's Physician** \_\_\_\_\_

**Physician's Phone #** \_\_\_\_\_

**Emergency Contacts:**

**Name and Phone Number** \_\_\_\_\_

**Name and Phone Number** \_\_\_\_\_

**Name and Phone Number** \_\_\_\_\_

**Name and Phone Number** \_\_\_\_\_

If the school is unable to reach either the parents or the doctor, in an emergency, I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student.

\_\_\_\_\_  
Printed Name of Parent/Guardian Signature Date