

Berean Christian School Summer Program

5100 North Illinois Street • Fairview Heights, IL 62208 • (618) 825-0609

Consent Form

CHILD'S NAME: _____
(First, Middle Initial, Last)

Child's Date of Birth: _____

TRIPS AND EXCURSIONS

I authorize Berean Christian School to take my child on school-sponsored trips and special excursions away from the school premises. I also authorize the child to ride as a passenger in the vehicles owned or leased by Edgemont Bible Church/Berean Christian School. I understand all such trips are under the supervision of Berean Christian School and that the health and safety precautions are taken in compliance with normal child care standards.

EMERGENCY MEDICAL CARE

I authorize Edgemont Bible Church/Berean Christian School secure emergency medical care for my child when I cannot be immediately reached at the time of emergency. I will be responsible for the emergency medical charges upon receipt of the statement.

Preferred doctor/clinic/hospital: _____

(Date)

(Primary Parent Signature)

(Parent/Guardian #2 Signature)