

BJA Trip Permission Form



Please complete the following information with a parent's/guardian's signature and return it to the Academy office. This permission form will apply to all Academy-sponsored trips for the current school year.

PERSONAL INFORMATION:

Parent/guardian's name: _____

Home phone: _____

Father's work or cell phone: _____ Mother's work or cell phone: _____

HEALTH INSURANCE INFORMATION:

Name of Insurance Company: _____

Policy Number: _____ (For BMS policyholders, please provide the 10-digit member ID.)

MEDICAL INFORMATION:

Allergies/handicaps: _____

Medicines taken regularly: _____

Medical restriction(s): _____

STUDENT'S BIRTH DATE (INCLUDE YEAR): _____

We carry the following over-the-counter medications in our first-aid kit. Please mark and initial any item that your child should NOT take:

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Sore throat lozenges | <input type="checkbox"/> Tylenol |
| <input type="checkbox"/> Imodium | <input type="checkbox"/> Motion sickness medicine | <input type="checkbox"/> Tums |
| <input type="checkbox"/> Nasal decongestant | <input type="checkbox"/> Dimetapp | |

I give my consent for my child, _____, to go on Academy-sponsored trips, and I give permission for my child to take part in any related activity. I understand and agree that Bob Jones Academy and/or Bob Jones University, their respective employees, agents, successors and/or assigns are not liable for any accident or injury which may take place during such trip or activity.

I authorize the sponsors of Academy trips to act for me according to their best judgment in any emergency requiring medical attention. I understand that Bob Jones University is not responsible for any expense incurred because of an injury or illness.

If any of the above information changes during the school year, I will inform the Academy office.

Parent/guardian's signature _____ Date: _____

OTHER HELPFUL INFORMATION: _____