



## Fort Collins Christian School

2014 Nancy Gray Ave.  
Fort Collins, CO 80525  
970-222-6347

### Activities and Transportation Consent

I give consent for my child \_\_\_\_\_ to participate in all activities and programs of the Fort Collins Christian School, including but not limited to school trips as selected by the Principal or classroom teacher.

I also consent to the transportation of my child by such means of transportation as is deemed necessary by the school or duly authorized member of staff.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Medical Treatment Consent

In the event of an emergency I hereby give my permission for the school staff to access emergency medical services for my child, \_\_\_\_\_, including transport to the nearest care facility to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Emergency Contact Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

A copy of this form will be placed in a folder and carried in the vehicle with the driver for each off campus trip. The original will remain at school.