

FORMERLY KNOWN AS FIRST ASSEMBLY CHRISTIAN SCHOOL

1827 NE 14TH STREET OCALA FLORIDA 34470

352-351-1913

Parental Permission and Insurance Statement

I, _____ (parent/guardian), hereby give permission for my child, _____, whose birth date is Mo. ____ Day ____ Yr. _____, to participate in the interscholastic sports program of _____

My child has permission to accompany the school team on any of its local or out of town trips.

I authorize my child to be treated by a licensed physician should any emergency medical care become necessary for my child and I cannot be reached for authorization.

Physical limitations of my child, if any:

My child's personal physician is: _____

Personal physicians phone number: _____

We have health insurance through: _____ Insurance policy # _____

I understand that if any change occurs in this insurance policy or in the name or number of my child's personal physician, I will immediately notify the school office and provide the new information.

I agree to reimburse First Assembly Christian School & Preschool for any missing equipment lent to my child.

Parent/Guardian Signature: _____ Date: ____/____/____

Home Address: _____

Cell Phone # : _____

Work Phone # : _____