

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: _____

Who can be reached at the following phone number: _____

We have health insurance through: _____

Insurance policy number is: _____

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 to
my child.

PARENT SIGNATURE : _____ DATE: ____/____/____

HOME ADDRESS : _____

CELL PHONE NUMBER: _____

WORK PHONE NUMBER : _____