



# Berean Christian Junior Academy

401 Hamilton E. Holmes Drive NW

Atlanta, GA 30318

(404) 799-0337 Fax (470) 225-7250

## Continuing Consent for Field Trips

During the years your child is enrolled at Berean Christian Junior Academy, there will be several field trip opportunities. School personnel will take all normal precautions to ensure safety. I understand the school will send information before each field trip and **I must send written documentation if my child will not be participating on any particular trip.** I hereby give permission for my child, \_\_\_\_\_, to participate on field trips via school bus, van, or private automobile during the years that my child is enrolled at BCJA.

I further expressly agree that in the event of disciplinary action or if the health of my child makes it necessary, at the discretion of the sponsor(s), my child may be forthwith returned home at my expense. I understand that the student accident insurance carried by the South Atlantic Conference of SDA is in force for this field trip as the **secondary insurance carrier.** It will assume financial responsibility for any accident incurred during school sponsored functions, after the maximum benefits of the student's family health insurance carrier has paid the maximum benefits towards any medical or dental bills as a result of the accident.

I also consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to my child under the general or special instructions of my doctor or any physician the school organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed on the school application before any other physician is called by the school or other organization unless it is determined the situation is life threatening.

It is further understood that this consent is given in advance of any specific diagnosis or treatment that might be required and is given to authorize the principal/teacher or the physician to exercise their best judgment as to the requirements of such diagnosis of treatment. I agree that, in the event of injury or accidental death, I will not hold the school or its personnel liable beyond the coverage provided by the school accident insurance policy when reasonable care and supervision have been provided.

*I do hereby grant permission for my child to attend field trips with Berean Christian Junior Academy as long as my child is enrolled. If I do not want my child to attend particular field trips, I will notify the school in writing.*

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date