## **Madison Hills Christian School**

15413 O'Connor Rd, San Antonio, TX 78247 (210) 656-3938

## Field Trip Permission Form 2025-2026

Student Information:				
Name:	DOB:	Age:	Gender:	
Address:				
Emergency Contact Information:				
Parent/Guardian:				
Best phone number(s):				
Secondary Contact:	Relationship:			
Best phone number(s):				
Insurance Information:				
Insurance Company:	Group #	Poli	cy #	
Card Holder:	Relationship to Cardholder:			
Insurance Company Address:				
Insurance Company Phone:				
Medical Information:				
Physician's Name:				
Physical Limitations (Asthma, Diabetes, A	Allergies, etc.), and/or Spe	ecial Instructions (ra	re blood type, contact le	nses,
etc.):				
I give permission for my child,		, to ¡	participate in all events	
sponsored by Madison Hills Christian Sch				the
nature and inherent risks involved in the	activities in which my ch	ild will participate, i	ncluding transportation t	o and
from said activities. I will not hold the ch	urch/school, its agents (in	ncluding drivers), eq	uipment owners or oper	ators
responsible for any injuries or lost person	nal items, even if constru	ed as negligence. I a	uthorize MHCS to use	
photographs or other media of my stude	nt taken during these ev	ents as part of our s	cudent ministry educatio	n and
publicity. I also authorize any staff memb	er or chaperon of MHCS	to administer first a	id and/or procure necess	sary
medical aid at or from any licensed medi	cal facility or physician's	office. I authorize th	e selected medical facilit	y to
provide such medical treatment as neces	ssary for my child. I furthe	er agree to be respo	nsible for any medical	•
expenses and/or property damage incurr	red on behalf of or by my	child.		
Parent/Guardian:				
(printed name	<u> </u>	(signature)	(date)	