



# PROVIDENCE

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CHRISTIAN ACADEMY

## Annual Acknowledgement & Release Form

### **Field Trip Release/Emergency Medical Form** (Section 1 of 3)

*This form will be on file in the school office for the current school year.*

*An additional "Field Trip Permission to Participate" form will be sent home prior to each school-sponsored event.*

I/we give permission for \_\_\_\_\_, grade \_\_\_\_\_, to participate in all sports and school-sponsored trips/activities both on and away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the principal more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still occur. I/we understand that there are risks/dangers involved with participation in on and off-campus trips/events and their associated activities. In consideration of any child being allowed to participate in this event, I/we agree to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Providence Christian Academy, its affiliated organizations, employees, agents and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission to the school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff or call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

#### **FIELD TRIP RELEASE/EMERGENCY MEDICAL FORM**

\_\_\_\_\_  
(Parent initial)

We, the undersigned parents, do indicate by our signature below that we have each read and agree with the above Field Trip Release/Emergency Medical Form.

Student Name (last, first) \_\_\_\_\_

School Year \_\_\_\_\_/\_\_\_\_\_

**PARENT Acknowledgement of Agreements** (Section 2 of 3)

**HANDBOOK AGREEMENT**

(Parent initial)

Realizing that the intent of Providence Christian Academy is to work in partnership with parents in the education of children:

- We, the undersigned parents, do indicate by our signature below that we have each read the Providence Christian Academy Parent Student Handbook.
- We understand the polices outlined in the Parent Student Handbook.
- We agree to abide by the policies in the Parent Student Handbook, and will support PCA in endeavors to educate our child(ren).

**UPDATE CONTACT INFORMATION**

(Parent initial)

I have communicated any changes to our family or emergency contact information with the PCA front office and certify that the information contained on this form is accurate.

**INTERNET ACCEPTABLE USE AGREEMENT**

(Parent initial)

As the parent of this student, I have read the Internet Acceptable Use Policy. I understand that this access is designed for educational purposes. Providence Christian Academy has taken precautions to eliminate controversial material. However, I also recognize it is impossible for PCA to restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child’s use is not in a school setting and I herby give permission to issue an account for my child.

\_\_\_\_\_  
Father/Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian’s Signature

\_\_\_\_\_  
Date

Name printed: \_\_\_\_\_

Name printed: \_\_\_\_\_

*\*\* If the child lives with both parents, this 2 page **Annual Acknowledgement & Release Form** MUST be signed by both parents/guardians and notarized.*

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person in subscribed to the above and foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal of office on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for Rutherford County, TN

My commission expires: \_\_\_\_\_

**STUDENT Acknowledgement of Agreements** (Section 3 of 3)

**CODE OF CONDUCT (GRADES 6-12)**

(Student initial)

I have read and reviewed the Upper School Code of Conduct and fully understand and will uphold.

**INTERNET ACCEPTABLE USE AGREEMENT (GRADES 3-12)**

(Student initial)

I have read, understand and will abide by the Internet Acceptable Use Agreement. I further understand that if I violate any of the stated regulations, my access privileges may be revoked and school disciplinary actions may be taken.

\_\_\_\_\_  
Students’ Full Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date