

Community Christian School

ACTIVITY PERMIT 2021-2022

By my signature, I give permission for my student to be transported to all activities of Community Christian School. This also signifies the release of Community Christian School / Growing Branches for Christ Ministries from any/all liability.

Student name: _____

Parent name PRINTED: _____

Parent Signature: _____

Date: _____

Parent Contact Number: _____

Alternate Contact Number: _____

Allergies: _____

Medications: _____