Ocean View Christian Academy • 2460 Palm Avenue • San Diego, CA 92154 • (619) 424-7875

Parent/Guardian Permission Slip

As the parent/guardian of _____
(Child's name)

I hereby give my permission for him/her to attend The High School Retreat at Oakbridge Young Life Camp
(Activity)

with Ocean View Christian Academy planned for September 28-30, 2015
(Activity date)

I agree not to hold Ocean View Church and/or Academy or anyone affiliated with the school responsible for any injuries which may occur during the course of the activity, unless the church, school or any of its leaders are found to be negligent in conducting the activity.

Also, in the case of accident or illness, I authorize the Ocean View Church and/or Academy representative(s) to approve any medical treatment they deem necessary.

Additional instructions from parent/guardian: (i.e. someone other than parent or legal guardian is to pick up child after activity, special medical needs, etc.)

_____

_____

Signed_____ Date_____
(Parent/Guardian signature)

Note: These 3 days of meetings and activities do count toward our annual total and are official school days with absences in effect.

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE

IF APPLICABLE, PLEASE FILL OUT THE INFORMATION BELOW

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Medication Directions

NAME:

GRADE:

MEDICATION:

INSTRUCTIONS:

_____

_____

_____