



**FBCMI Academy  
2018-2019 Parent Authorization Form**

**Child's Name:** \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP MY CHILD:**

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ILLNESS:**

I understand that FBCMI Academy does not provide care for sick children and cannot administer prescription or non-prescription medications. Upon being contacted, I understand that I must make arrangements for my sick child to be picked up as soon as possible.

**Parent Signature:** \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:**

I give FBCMI Academy's Staff permission to obtain emergency medical treatment for my child if needed.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FIELD TRIPS:**

I give permission for my child to attend field trips with FBCMI Academy.

**Parent Signature:** \_\_\_\_\_