

Student Last Name _____

Homeroom _____

LOMA LINDA ACADEMY JUNIOR HIGH
10656 Anderson Street, Loma Linda, CA 92354 (909) 796-0161, Extension 2200

**Permission slip and payment due no later than Friday, January 5, 2018.
The Conference form must also be signed and returned to the JH office.**

MEDICAL RELEASE

In the event of sudden illness or accident requiring attention, I hereby authorize Loma Linda Academy to administer first aid, and if necessary, take my child for emergency treatment to any qualified emergency care center.

(Parent Signature)

PERMISSION

I hereby give permission for _____ to go to **Pine Springs Ranch**
(Name of Student)

for the SECC Junior High Bible Camp **January 19-21, 2018. Cost is \$135. Arrive to LLA at 1:00 p.m. for a departure at 1:30 p.m. on Friday, January 19 and returning to LLA Sunday, January 21, at noon.**

(Parent Signature)

RELEASE

I agree to indemnify and hold harmless the sponsors, Loma Linda Academy and Southeastern California Conference and Association of Seventh-day Adventists, for liability arising from any accident or injury occurring during the trip to and from and while at Pine Springs Ranch. This specifically includes injury arising from negligence on the part of those mentioned above. This recognizes a shared responsibility between school, student and home. This does not include gross negligence on the part of those mentioned above. This does not waive coverage within the policy limits of student accident insurance, which covers school-sponsored activities.

(Parent Signature)

(Date)

(Parent Printed Name)

(_____) _____

Telephone where I can be reached during this event

Cell Home Work

Office Use Only:

Cost \$135 Paid by: Cash Check # _____ Cashier's Initials _____ Date _____