

**GREENVILLE CHRISTIAN ACADEMY**

1621 Greenville Blvd., SW  
Greenville, NC 27834-7027  
(252) 756-0939

**Teacher Information Sheet & Field Trip Permission Form**

My son/daughter has permission to travel with Greenville Christian Academy. In case of a medical emergency, I give consent that my son/daughter may receive any medical attention for his/her well-being, including surgery and anesthetics.

Child's Full Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
Address \_\_\_\_\_

Child's Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_  
Phone Number \_\_\_\_\_

Does child live with: Both Parents [  ], If not, who  
Name, address, & phone \_\_\_\_\_

Email address (you want school to use) \_\_\_\_\_

Parent's Name \_\_\_\_\_  
Parent's Signature \_\_\_\_\_  
Date \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_  
Policy number \_\_\_\_\_

My child is allergic to \_\_\_\_\_

Previous major medical difficulties \_\_\_\_\_

Medication presently taking \_\_\_\_\_

Family Doctor: Name \_\_\_\_\_  
Phone \_\_\_\_\_

Family Dentist: Name \_\_\_\_\_  
Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Place \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Beeper \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Place \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Beeper \_\_\_\_\_ Cell phone \_\_\_\_\_

Member of what church \_\_\_\_\_  
Pastor's Name \_\_\_\_\_

Grandparent's Name & phone \_\_\_\_\_

Grandparent's Name & phone \_\_\_\_\_  
Any emergency phone numbers \_\_\_\_\_