

Allen Christian School

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Linda C. Morant
Director

The Reverend Dr. Elaine M. Flake
Co-Founder



The Reverend Dr. Floyd H. Flake
Pastor/Founder

2024/2025 Consent Form

Grade: _____

I hereby give my consent for _____
First Name M.I. Last Name

to participate in the following:

Please indicate permission with a check.

Yes No

Activities

To take part in physical activities and to release Allen Christian School and its employees, exercising reasonable care, from liability for injuries resulting or occurring during these activities.

Field Trips

To go with authorized staff members and volunteers on trips to places of interest outside of the building and release Allen Christian School of all responsibilities other than reasonable care. Trips may be taken by walking or traveling by bus.

Treatment:

I hereby authorize the school to provide emergency medical care. I also authorize the doctor or hospital to treat my child in the event of an emergency.

Photographs:

To have pictures taken for publicity or school records.

There are times when the students have to walk to the Greater Allen Cathedral and Shekinah Youth Church for programs and rehearsals for programs.

Parent/Guardian Signature

Date