

# PERMISSION TO ATTEND ACTS STUDENT CONVENTION

To whom it may concern:

Permission is hereby granted for my son  daughter  to attend the ACTS Student Convention in Carlinville, IL under the supervision of Apostolic Learning Academy and I do hereby grant permission for the ASSOCIATION OF CHRISTIAN TEACHERS AND SCHOOLS to use his/her photograph for publication.

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

CF6

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## STUDENT/SPONSOR/GUEST PERMISSION FOR MEDICAL TREATMENT

Date \_\_\_\_\_

I hereby give permission for the ACTS Student Convention nurse, director, or coordinator to obtain medical treatment for

\_\_\_\_\_ age \_\_\_\_\_

I/he/she may be given aspirin, cough syrup, Pepto-Bismol if needed. Yes  No

If allergic to any medications, please specify. \_\_\_\_\_

If presently on medication, please specify. \_\_\_\_\_

\_\_\_\_\_ Check here if there are any physical problems or any special instructions, and fill out the Special Medical Treatment form (CF8) on the next page.

Date of last **Tetanus** shot \_\_\_\_\_

I understand that I am responsible for accident and medical insurance if needed en route to and from the Convention and throughout the duration of the Convention.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
If Student, Relationship: Father/Mother/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
ACTS Customer Number

\_\_\_\_\_  
School Phone Number

\_\_\_\_\_  
Name of Sponsor

\_\_\_\_\_  
Phone Number

CF7