



Eagle's Nest Christian Academy

6920 Immokalee Road
Naples, Florida 34119

Ph. (239) 593-0060
naplesflchildcare.com

ONLINE PERMISSION SLIP

Student Name: _____

Teacher: _____

Parent/Guardian Name: _____

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In consideration for allowing my minor child _____
to participate in the following activity _____

on _____, I release Eagle's Nest Christian Academy of Naples, FL, all officers, directors, and members of said organization, said respective employees and agents, and any other entities and individuals who are in any way connected with this activity, including volunteers assisting in the event. I understand that this release applies to myself and my personal representative, heirs, and assigns and acknowledge that this release is being relied upon by the above persons in permitting my child to participate.

HOME PHONE _____ **EMERGENCY PHONE** _____

Medical information regarding my child _____

Signature (Parent or Guardian) _____ **Date** _____