



PERMISSION FORM

FIELD TRIP PERMISSION FORM:

From time to time your child will be a part of a field trip sponsored by Macedonian Christian Academy. There will also be privilege outings and Honor Roll parties. Educators agree that students profit by the experiences gained on such trips. While those in charge will exercise care to prevent accidents on trips, it is understood that in giving permission, claims against the church, school, and teacher are waived.

My child _____ has my permission to attend school-sponsored field trips and privilege outings.

SIGNATURE OF PARENT: _____

Note: A permission form must be signed for each child enrolled.

CORPORAL PUNISHMENT POLICY:

Paddling will be administered as a last resort. Sin, such as lying, cheating, stealing, fighting, repeated and/or deliberate disobedience will be dealt with in this manner. The administration reserves the right to use this form of corrective discipline where other measures prove ineffective. In the High School Department the above-mentioned sin will be dealt with by means of suspension rather than paddling. Once suspended the student is placed on disciplinary probation for the remainder of the semester. A second offense would necessitate his withdrawal from our school. When warranted, corporal punishment will be exercised under the following guidelines:

1. The offense will be clearly discussed with your child.
2. A reasonable number of firm strokes (never to exceed 3) will be administered by a staff member of the same sex as your child, using a simple, flat paddle.
3. A staff witness will be present.
4. A child will not be physically restrained. (If he refuses to submit to paddling, you will be asked to come to the school to discuss the matter; if it is believed to be in the best interest of the school, the child will be withdrawn from the school.)
5. After administering the strokes, the staff member will pray with your child.
6. A written record will be made of the date, offense, number of strokes, and name of correcting staff member and witness; a copy of this will be sent to you.

I, as a parent, have read the above and agree to support the school in its policy of corporal punishment without reservation and personally pledge my support to this Scriptural approach to discipline.

SIGNATURE OF PARENT: _____ Date: _____ / _____ / _____

EMERGENCY:

If my child is involved in a serious accident or injury and I cannot be reached, I give permission to call our family physician listed on the medical form. I will assume responsibility for payment of any additional expenses not covered by school insurance.

SIGNATURE OF PARENT: _____ Date: _____ / _____ / _____

MEDICINE:

I give permission for the following medication to be administered to my child if headache or discomfort occurs at school:

- regular aspirin Tylenol other (Name of medication)

SIGNATURE OF PARENT: _____ Date: _____ / _____ / _____