ONEIDA BAPTIST INSTITUTE
General Permission Form

Date _____

Name of student _____
First Middle Last

Birthdate _____ Social Security Number _____

I understand that my signature grants permission to travel by school vehicle, private vehicle, or public transportation, in or out of state. **All permissions are subject to the regulations of the school and approval by the Dean of Girls/Boys or Principal**. These may include, but are not limited to the following:

- To go home at scheduled times or because of expulsion.
- To attend off-campus educational, athletic, social, or religious functions, of whatever duration, sponsored by the school.
- To shop, visit, attend entertainment, etc. with faculty/staff.
- To visit the homes of relatives or family friends for a weekend or other appropriate time. These must be listed on the "Authorization for Student Sign-Out Form."
- To visit other students' homes for a weekend or other appropriate time. These must have permission from the parent/guardian.

Medical Insurance

Medical Insurance Company _____

Policy Number _____ Group Number _____

Address _____

Name of Policy Holder _____

Birthdate of Policy Holder _____ **Social Security No. of Policyholder** _____

Name of Employer _____

Address of Employer _____

Business Phone of Employer (_____)_____

Mother's maiden name: _____ Mother's date of birth: _____

__ **INCLUDE A COPY OF THE FRONT AND BACK OF YOUR MEDICAL INSURANCE CARD.**

__ **INCLUDE A COPY OF A CURRENT IMMUNIZATION CERTIFICATE FROM A DOCTOR'S OFFICE OR STATE HEALTH DEPARTMENT**

Medications:

List all medications, prescription and over-the-counter, currently taken by the student and the schedule for dispensing. Any variation of prescription instructions must be in writing from prescribing physician.

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THIS PERMISSION FORM IS VALID FOR THE CURRENT SCHOOL YEAR AND MUST BE RENEWED EACH YEAR.