

Bradford Christian Academy

8th Grade Promotion & Game Night Celebration

This year our 8th grade class has elected to have a **Game Night Celebration** immediately following the Promotion. The event will be chaperoned by BCA Faculty and Staff. Students should bring appropriate BCA gym clothes and sneaker to change into after the promotion. Faculty will coordinate games and sports activities.

When: Friday, June 2, immediately following the promotion, **8:00-10:30**

Where: First Church of Christ - 10 Church Street, Bradford Ma 01835

Cost: FREE!!

Ceremony dress code guidelines are as follows:

- Boys must wear a collared dress shirt with a tie, dress pants with a belt, and dress shoes (no sneakers please). They may wear a suit jacket if desired.
- Girls' dresses must be tasteful and modest without plunging necklines (4 inches or less below the collarbone) or backs. Hemlines or slits must be a hand width or less above the knee. Strapless dresses are permissible if worn with a sweater.

This form must be returned by: **FRIDAY, May 26th**

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### Medical & Emergency Care Information

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Parent / Guardian can be reached on the days of the classes at the following phone number(s)

1) \_\_\_\_\_ 2) \_\_\_\_\_

Check all that apply:

None      Allergic to: \_\_\_\_\_

Significant medical conditions and treatment: \_\_\_\_\_

Needs to receive the following medication while on the trip: \_\_\_\_\_

Name of medication and Dose: \_\_\_\_\_ Time to be given: \_\_\_\_\_

I, the parent/guardian, authorize the school administrator to direct members of the school staff to assist/supervise my child in taking the medications listed above, and I agree not to hold liable, any member of the school staff or an individual of official capacity who is directed by me and the school administrator to assist my child in taking said medication. I understand that a chaperone, teacher or other responsible adult designated by the principal may carry my child's medication. In the event of an emergency or serious illness, I request that you contact me. I give the school permission to enact the Allergy Action Plan (if applicable). You have my permission to obtain any emergency care necessary to ensure my child's well being while on the field trip.

*My child has permission to attend the game night and I have completed the emergency information requested above (for your child's safety, all information requested below must be provided in order for your child to attend).*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date