



# Saint Dominic

COLLEGE PREPARATORY HIGH SCHOOL

**Permission, Release and Emergency Contact Information: Participation in School Activities**

I hereby grant permission, without reservation, to St. Dominic’s High School, and to those authorized by St. Dominic’s High School, to transport my child to and from school fields by a member of the school staff for sports and school activities. I also allow my child to drive himself/herself to and from the athletic fields, to take other students as passengers to and from the athletic fields and to be driven to and from the athletic fields by other student drivers.

I acknowledge and affirm that there are risks inherent in recreational activities and travel that are part of school related activities and that St. Dominic’s High School cannot guarantee the personal safety of my child or the safety of my and my child’s property while he/she is participating in school related activities including, but not limited to, travel, transportation, meals, lodging, or recreational activities. I hereby release St. Dominic, the Diocese of Rockville Centre (and the Bishop thereof), and their respective officers, directors, agents, employees, volunteers, independent contractors, licensees and assignees (“Releasees”) from all claims that I may have relating to injury or damage suffered or incurred by my child in connection with the above described school related activities and further agree to indemnify, defend and hold harmless the Releasees from any claims, suits or damages that may arise from injury to my child incurred in connection with any school related activities, except as may be caused by gross negligence or intentional wrongdoing.

I hereby warrant that, to the best of my knowledge, my child is in good health and able to participate in all activities. My child Does\_\_\_\_\_/Does not\_\_\_\_\_ have any known life threatening allergies. (If yes, please attach a statement noting all known allergies, including how the child has been treated and with what medication.)

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to the school to transport my child to a doctor or hospital for emergency medical attention. I wish to be advised prior to any further treatment by a doctor and hospital. If you are unable to reach me, you are hereby authorized to contact:

Emergency contact name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relation to my child: \_\_\_\_\_

**If you are unable to reach me or the emergency contact person, I hereby grant permission for doctors, medical professionals and hospitals to exercise professional judgment in treating my child.**

I am the parent or guardian of the child named above, and I hereby consent to the foregoing on behalf of the child and myself.

Date \_\_\_\_\_

Address \_\_\_\_\_

Name (print) \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_