

# PARENT PERMISSION FORM SCHOOL ACTIVITY PARTICIPATION

Dear Parent or Guardian:

Your son is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. A brief description of the activity follows:

**Name of Event:** Campus Ministry Retreat

**Destination:** Escape Room, Garwood, NJ and  
St. Vincent Martyr Church, Madison, NJ

**Designated Supervisor of Activity:** Fr. Scott J. Pontes

**Date and Time of Departure:** Thursday, 9/12/19 Depart OP at 9:30 AM

**Date and Anticipated Time of Return:** Return to OP at 2:30 PM

**Method of Transportation:** School Bus

**Student Cost:** \$0

If you would like your son to participate in this event, please complete, sign, and **return** this statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student.

My son \_\_\_\_\_ uses an Inhaler \_\_\_\_\_, and/or, an Epipen \_\_\_\_\_.  
(Print name)

Allergic to \_\_\_\_\_.

*If your son is prescribed an Inhaler or Epipen, please make sure he brings it with him on the trip.*

Mr. Robert Costello, Head of School

Student Name: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_  
Alternate Emergency Phone #: \_\_\_\_\_

*I request that my son participate in the event described above. I understand that this event will take place away from the school grounds. I further consent to the method of transportation.*

*I understand and agree that in the event that my son should suffer injury of any sort while participating in the event described above, unless such injury is solely caused by the intentional or grossly negligent conduct of the school event sponsors, I agree to hold harmless, and not to pursue any claims against the school/school group sponsoring this activity, or any of its agents, servants, or employees, as a result of such injury. I understand that the school nurse will not be present on the trip.*

\_\_\_\_\_  
(PRINT Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

**PLEASE SIGN AND RETURN THIS ENTIRE FORM by Monday, September 9, 2019.**