



CHILD'S LAST NAME: _____

ST. PASCAL BAYLON SCHOOL
2018-2019 School Year

PARENT PERMISSION FOR STUDENTS TO WALK HOME

STUDENTS CURRENTLY IN GRADES 5-8 ONLY

Name of Student: _____	Grade: _____
Name of Student: _____	Grade: _____
Name of Student: _____	Grade: _____

I request that my son/daughter be permitted to walk home as needed during the 2018- 2019 school year starting Monday, August 27, 2018 and concluding Friday, June 14, 2019. My child has no medical condition that would render it inappropriate for him/her to do so. I have returned the *Health and Medical Release Form* (SPBS "Emergency Card") to the school. I have thoroughly discussed all pertinent safety issues with my child, regarding traffic rules and reasonable safety protocols my child must follow while walking home from school. ***In addition, please note that per our SPBS Parent/Student Handbook rules, no student is ever allowed, for any reason, to walk off the campus unaccompanied by an adult, and then walk back onto the SPBS campus later that same day.***

As a condition of the school allowing my child to walk home unaccompanied by an adult, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the school and parish, their respective employees from any and all claims for personal injuries, wrongful death or property damage that my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the parish, the school or their employees.

Should it be necessary for my son/daughter to have medical treatment as a result of this activity, I hereby give the school faculty, staff and/or administration permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the school personnel or chaperone to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and school personnel from any liability in connection with this request.

I understand that the insurance benefits through the school, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to indemnify and hold the school harmless from the cost of any medical treatment and related expense and cost incurred.

Signature below signifies agreement and compliance: I give my permission for my child in **Grades 5-8** to walk home from Saint Paschal Baylon School, located at 154 East Janss Road Thousand Oaks, CA 91360:

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____

Home Phone: _____

Cell Phone: _____

PERMISSION FORM MUST BE RENEWED EACH SCHOOL YEAR

