



STUDENT AND YOUTH ACTIVITY PERMISSION FORM

STUDENT'S NAME: _____ **GRADE:** _____

Activity: Field Trip Other (specify)

Date: Tuesday, May 28, 2019 (8:00am-3:00am) **Cost:** None

Educational Purpose: Grad Nite at Disneyland and Disney's CA Adventure Theme Park

Description of Activity: Senior Activity See Attached

Mode of Transportation: Walk Car Pool Bus Other (specify) School Van

Teacher/Adult Leader(s): Mr. Avila (Student Activities Director), Mr. Burke (Senior Moderator)

Attire: Appropriate Attire Instructed by the Disneyland Grad Nite Team

I request that my child be permitted to participate in the above activity. My child has no medical condition that would render it inappropriate for him/her to participate in this activity. I have returned the Medication Authorization and Permission Form to the school/parish. I agree to direct my child to cooperate and conform to directions and instructions of the parish, school or Archdiocesan personnel responsible for this activity.

As a condition of participating in this activity, 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 and any parent/volunteer/chaperone, from any and all claims for personal injuries, wrongful death or property damage that my child 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 or chaperones.

Should it be necessary for my child to have medical treatment while participating in this activity, I hereby give the responsible personnel or chaperones 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 other participating adults from any liability in connection with this request.

I understand that the insurance benefits through the school or parish, 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.

Parent/Guardian Date

Home Phone Cell Phone Work Phone

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: _____

Day phone: _____ Cell: _____

Known Allergies: _____