STUDENT AND YOUTH ACTIVITY PERMISSION FORM

CHILD'S NAME:					GRADE:		
Activity:	Field Trip	Oth	er (specify):				
Date:				Cost: _			
Educational F	Purpose:						
Description o	of Activity:					See Attached	
Mode of Tran	nsportation:	Walk	Car Pool	Bus	Other (specify):		
Teacher/Adul	lt Leader:				Attire:		
that would red Medical Rele instructions of the Argeles, and parish, the injuries, wrown activity described of the Archdical Should it be regive the responsible to the properties of the Archdical Should it be regive the responsible deemed necessible to the	nder it inappropage for the parish, so n of participat a corporation weir respective agful death or libed above, who can be increased for the parish the p	opriate for ne school/p chool or A ing in this sole, Arch employees property d hether or r ish, the sch my son/dau nel or chap ician selec- opriate by	him or her to pa arish. I agree to rehdiocesan per activity, I hereb diocese of Los as and any parent amage that my s not such injuries and or their emp aghter to have more perones permiss ted by the school the physician. I	or damage of our dedical treation to use to personne	above activity. My child hat this activity. I have returned this activity. I have returned this activity. In the child to cooperate and confidence on the consible for this activity. In discharge The Roman Councation & Welfare Corporate the chaperone, from any and alter may suffer as a result of are caused by the negligent chaperones. It ment while participating in their judgment in obtaining all or chaperone to render medieve the school and other participating and the school a	Catholic Archbishop of ation and the school II claims for personal participation in the ace (active or passive) In this trip, I hereby medical service, and I edical treatment	
I am entirely	responsible fo	r the cost of	of all medical tro	eatment pro	rish, if any, may have limite ovided to my child. I agree related expense and cost inc	to indemnify and hold	
Parent/Guard	ian				Date		
Home Phone		Cell	Phone		Work Phone		
Person to Not	tify in case of	Emergenc	y if Parent or G	uardian is u	navailable:		
Name:							
Day phone: _					Cell:		

