

STUDENT AND YOUTH ACTIVITY PERMISSION FORM

LOCATION:						
Minor's Name:						
Address:						
Date of Birth:		Male	Female			
Activity: Field Trip	Retreat	Other (sp	ecify)			
Date(s) of Activity:						
Cost:						
Purpose:						
Description of Activity: _					See Attached:	
Mode of Transportation:	Walk	Car Pool	Bus	Other (specify)		
Teacher/Adult Leader:				Attire:		
I request that my son/da medical condition that w My son/daughter has no	ould render it i	inappropriate for	him/her to p	participate in this ac	ctivity.	
Should it be necessary formy son/daughter permise. Authorization and Permise responsible staff member medication. I also give permedical facilities to use to should it become necessary connection with this requirement application, and to son/daughter. I agree to related expense and cost	sion to self-adr ssion Form, and rs or chaperon ermission to the heir judgement ary to do so. I a uest. I understa hat I am entire indemnify and	minister his/her r d, if my son/daug nes to administer e responsible sta at in obtaining and agree to relieve t and that the insu- ely responsible fo	medication in hter cannot so or to assist in ff members, of providing mance benefit r the cost of a	accordance with the left-administer, I give the administration chaperones, medical treatment found participating ad as through the Local all medical treatment all medical treatment.	ne Medication we permission to the n of my son/daughter's al practitioners and or my son/daughter ults from liability in tion, if any, may have nt provided to my	
Release of Liability: As a The Roman Catholic Arch Welfare Corporation and chaperone, from any and I or my son/daughter ma	bishop of Los A the Location, t all liability, los	Angeles, a corportheir respective assorclaims for p	ration sole, An agents and en ersonal injuri	rchdiocese of Los Anployees and any pess, wrongful death	ngeles Education & arent/volunteer/ or property damage that	
Parent/Guardian				Date		
Home Phone	Cell Ph	none	_ <u></u>	rk Phone	_	
Person to Notify in case of	of Emergency if	f Parent or Guard	lian is unavai	able:		
Name:				Phone:		
Health Insurance Company:				Policy No.:		