

## STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity ("Location"): \_\_\_\_\_

Place and Date of Event/Trip: \_\_\_\_\_

Activity: Field Trip \_\_\_\_ Retreat \_\_\_\_ Other (specify) \_\_\_\_\_ Purpose: \_\_\_\_\_

Description of Activity: \_\_\_\_\_ See Attached: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_ Total Field Trip Cost \$ \_\_\_\_\_

Teacher/Adult Leader: \_\_\_\_\_ Attire: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Grade \_\_\_\_

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity.

My son/daughter has the following medical needs, allergies or dietary restrictions \_\_\_\_\_

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, 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 reimburse the Location for the cost of any medical treatment and related expense incurred.

**Release of Liability:** As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

Parent/Guardian

Date

Home Phone

Cell Phone

Work Phone

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

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

To be filled in by Location

To be filled in by parent/guardian

