STUDENT AND YOUTH ACTIVITY PERMISSION FORM

Grade (s): _____
Date: mm / dd / yy
Time: leaving & returning to school ..
Lunch: on or off campus
Transportation: bus / car / walk / other

LOCATION: _____
Minor's Name: _____
Address: _____
Date of Birth: _____ Male _____ Female _____ Grade _____
Activity: Field Trip _____ Retreat _____ Other (specify) _____
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/daughter be permitted to participate in the above activity. My son/daughter has no medical condition that would render it inappropriate for him/her to participate in this activity.
My son/daughter has no known medical needs, allergies or dietary restrictions except as follows: _____
_____

Should it be necessary for my son/daughter to take medication while participating in this activity, I hereby give my son/daughter permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my son/daughter cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my son/daughter'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 son/daughter should it become necessary to do so. I agree to relieve the Location and participating adults from liability in connection with this request. I understand that the 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 son/daughter. I agree to indemnify and hold the Location harmless from the cost of any medical treatment and related expense and cost 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 son/daughter may suffer as a result of participation in the activity described above.

_____ _____
Parent/Guardian PRINT / SIGN 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.: _____

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