STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Ar	chdiocesan Spon	soring Entity	("Location"):	. [10
Place and Date of Event/T	`rip:			
Activity: Field Trip	Retreat Oth	ner (specify) _	Purpose:	be filled in by Location
Description of Activity:			See Attached:	1 by Lo
Mode of Transportation:			Total Field Trip Cost \$	cation
Teacher/Adult Leader:			Attire:	1
Minor's Name:				
Address:				
Date of Birth:	Male	Female	Grade	
medical condition my chil	d has that would j	prevent my chi	above activity. I am not aware of any physical old from participating fully in this activity. s or dietary restrictions	
self-administer his/her mand, if my child cannot sel administer or to assist it responsible staff member in obtaining and providing that health insurance ber	nedication in acco of-administer, I given in the administra is, chaperones, me g medical treatme nefits through the he cost of all me	rdance with the permission to the permission to the chical practition of my child be Location, if a dical treatment.	this activity, I hereby give my child permission to the <i>Medication Authorization and Permission Form</i> to the responsible staff members or chaperones to the responsible staff members or chaperones to the responsible staff members and their judgement should it become necessary to do so. I understand my, may have limited application, and that I are the provided to my child. I agree to reimburse the expense incurred.	To be filled in by
discharge The Roman Car Education & Welfare Co parent/volunteer/chaper	tholic Archbishop rporation and th one, from any and	of Los Angeles le Location, th l all liability, lo	his activity, I hereby hold harmless, release and a corporation sole, Archdiocese of Los Angele leir respective agents and employees and any ss or claims for personal injuries, wrongful deat let of participation in the activity described above	guardian
Parent/Guardian		Date	<u> </u>	
Home Phone	Cell Phone		Work Phone	
Person to Notify in case of	f Emergency if Par	ent or Guardia	n is unavailable:	
Name:		Pho	one:	
Health Insurance Compan	y:		Policy No.:	_

