## STUDENT AND YOUTH ACTIVITY PERMISSION FORM

CHILD'S NAME:					GRADE:		
Activity:	Field Trip	Othe	er (specify):				
Date:				Cost: _			
Educational Pur	pose:						
Description of A	ctivity:					See Attached	
Mode of Transp	ortation:	Walk	Car Pool	Bus	Other (specify):		
Teacher/Adult L	eader:				Attire:		
Medical Release instructions of the As a condition of Los Angeles, a cand parish, their injuries, wrongfactivity describe of the Archdioce Should it be necessive permission deemed necessar from any liability	f Form to the participate corporation respective all death or d above, we see, the participate person to the physical appropriate to the participate to the physical appropriate to the physical appro	ting in this sole, Arch employees property dathether or nish, the school or chapsician selection with the tion with the school or chapsician selection with the school or chapsing the school or Arch end of the school or Arch end or chapsing the school or Arch employees the school or chapsing the school o	arish. I agree to rehdiocesan per activity, I hereb diocese of Los and any parent amage that my stot such injuries tool or their emperones permiss ted by the school the physician. I this request.	oy release a Angeles Ed Volunteer son/daughte or damage ployees or d nedical treat ion to use t ol personne agree to re	tment while participating in heir judgment in obtaining I or chaperone to render mo- lieve the school and other p	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 participating adults	
I am entirely res	ponsible fo	or the cost of	of all medical tro	eatment pro	rish, if any, may have limit ovided to my child. I agree related expense and cost inc	to indemnify and hold	
Parent/Guardian					Date		
Home Phone		Cell	Phone		Work Phone		
Person to Notify	in case of	Emergency	y if Parent or G	uardian is u	navailable:		
Name:							
Day phone:					Cell:		

