## STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Ar	chdiocesan Spo	nsoring Entity	("Location"):	
Place and Date of Event/T	`rip:			o be fi 
Activity: Field Trip	Retreat Ot	ther (specify) _	Purpose:	
Description of Activity:			See Attac	hed: by Lo
Mode of Transportation:			Total Field Trip Cost \$	To be filled in by Location
Teacher/Adult Leader:			Attire:	
Minor's Name:				
Address:				
Date of Birth:	Male	_ Female	Grade	
medical condition my chil	d has that would	prevent my chi	above activity. I am not aware of ld from participating fully in this a es or dietary restrictions	ctivity.
self-administer his/her m and, if my child cannot se administer or to assist responsible staff member in obtaining and providing that health insurance be	nedication in accordif-administer, I git in the administres, chaperones, mand medical treatments through the cost of all medical medic	ordance with the verpermission of ation of my cledical practition of my child the Location, if a dedical treatment	this activity, I hereby give my child the Medication Authorization and Person the responsible staff members of a mild's medication. I also give personers and medical facilities to use to should it become necessary to do sany, may have limited application to provided to my child. I agree to expense incurred.	r chaperones to mission to the heir judgement so. I understand , and that I am
discharge The Roman Car Education & Welfare Co parent/volunteer/chaper	tholic Archbishor prporation and to one, from any an	o of Los Angele he Location, t d all liability, lo	chis activity, I hereby hold harmles, a corporation sole, Archdiocese neir respective agents and emploss or claims for personal injuries, alt of participation in the activity de	oyees and any wrongful death
Parent/Guardian		Date	2	
Home Phone	Cell Phone		Work Phone	
Person to Notify in case o	f Emergency if Pa	rent or Guardia	ın is unavailable:	
Name:		Ph	one:	
Health Insurance Compar	ıy:		Policy No.:	

