

ALL SAINTS CATHOLIC SCHOOL STUDENT PERMISSION FORM

Event: _____
Location: _____
Date of Event: _____ Mode of Transportation to be used: _____
Individual(s) in charge and responsible for event: _____

Food to be served? Yes No

_____ - has permission to eat served food? Yes No
name of student please circle answer

TO WHOM IT MAY CONCERN:

The undersigned parent(s)/legal guardian give permission for our (my) child _____
To attend and participate in the above-described event.

We (I) understand that this event will take place at a location away from the parish/school grounds, that the above-described mode of transportation to and from the location will be used, and that our (my) child will be under the supervision of the above-designated individuals.

In case of a medical or dental emergency, we (I) give our (my) consent and authorization for any necessary treatment, to include treatment by a licensed physician or dentist and transfer to any hospital reasonable accessible.

The following information is provided for any licensed physician, dentist, or hospital not having access to our (my) child's medical history.

ALLERGIES: _____

SPECIFIC FOOD ALLERGIES: _____

Date of last Tetanus shot: _____

FAMILY PHYSICIAN: _____ **PHONE:** _____

MEDICAL INSURANCE CO: _____ **POLICY #** _____

OTHER PERTINENT INFORMATION: _____

In case of an emergency, we (I) can be reached by phone at **Home:** _____

Work: _____

Cellular: _____

Other phone: _____ **neighbor/friend**

We (I) shall be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatments rendered pursuant to this authorization. Further, should it be necessary for our(my) child to return home due to medical reasons, disciplinary actions or otherwise, we(I) agree to pay transportation costs.

Finally in consideration for our(my) child's participation in this event, we(I) release, discharge and agree to hold harmless the Catholic Bishop of Spokane, his agents and employees from any and all liability, claim or demands for personal injury illness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by us and/or our(my) child while our(my) child is participating in the event (including transportation to and from the event), hereby assuming all risk of personal injury, illness, death, damage and expenses as a result of participation in this event.

We(I) have fully read this form and sign voluntarily with knowledge of its terms and conditions.

Mother: _____ **Date:** _____

Father: _____ **Date:** _____

Legal Guardian if different than above: _____ **Date:** _____

Date received: _____ **By:** _____