STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archo	liocesan Spon	soring Entity	("Location"):	<u> — Гэ</u>
Place and Date of Event/Trip	:			o be f
Activity: Field Trip Re	treat Oth	er (specify)	Purpose:	To 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:	
Minor's Name:				
Address:				
Date of Birth:	Male	Female	Grade	
medical condition my child ha	as that would p	revent my chi	above activity. I am not aware of any physicall from participating fully in this activity. es or dietary restrictions	
self-administer his/her medi and, if my child cannot self-ad administer or to assist in t responsible staff members, cl in obtaining and providing me that health insurance benefi	cation in accord dminister, I giv he administra haperones, me edical treatments through the cost of all med	rdance with the permission to tion of my child dical practition of the	this activity, I hereby give my child permission to the responsible staff members or chaperone alld's medication. I also give permission to the ners and medical facilities to use their judgent should it become necessary to do so. I understany, may have limited application, and that I the provided to my child. I agree to reimburse expense incurred.	orm, es to the nent tand am
discharge The Roman Cathol Education & Welfare Corpo parent/volunteer/chaperone	ic Archbishop ration and th , from any and	of Los Angeles e Location, the all liability, lo	this activity, I hereby hold harmless, release s, a corporation sole, Archdiocese of Los Angneir respective agents and employees and ss or claims for personal injuries, wrongful d lt of participation in the activity described about the control of	
Parent/Guardian		Date	2	
Home Phone	Cell Phone		Work Phone	
Person to Notify in case of En	nergency if Par	ent or Guardia	n is unavailable:	
Name:		Pho	one:	
Health Insurance Company: _			Policy No.:	

