

ARCHDIOCESE OF SAN FRANCISCO
PARENTAL PERMISSION FORM

ACTIVITY _____

CHILD'S NAME _____ PARISH _____

ADDRESS _____ PHONE _____

SCHOOL _____ GRADE _____ BIRTHDATE _____

PARENT/GUARDIAN'S NAME _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

PERSON(S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ PHONE _____

I, the parent/guardian of the above named Child, hereby, give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform with the directions and instructions of the parish, school or Archdiocesan personnel responsible for the activity.

I agree, to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

I, hereby, give permission to the physician selected by the youth activities supervisory personnel than present to render medical treatment deemed necessary and appropriate by the physician.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

OTHER PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

While being sensitive to single parent situations and possible embarrassment to the children, signatures of both parents should be obtained when possible.

Drivers must have a valid drivers license and automobile insurance. Please bring proof of these documents to the school office so that we may photocopy them prior to the field trip.

I CAN DRIVE _____ NUMBER OF STUDENTS _____ I CANNOT DRIVE _____

VEHICLE MAKE _____ MODEL _____ LICENSE PLATE NUMBER _____

office use only-please do not write below this line

Cost per student _____ Check number _____ Date received _____