



## STUDENT AND YOUTH ACTIVITY PERMISSION FORM

LOCATION: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Grade: \_\_\_\_\_

Activity: \_\_\_Field Trip \_\_\_Retreat \_\_\_Other (specify) \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_ Cost: \_\_\_\_\_

Purpose: \_\_\_\_\_

Description/Location of Activity: \_\_\_\_\_ See Attached

Mode of Transportation: \_\_\_Walk \_\_\_Car Pool \_\_\_Bus \_\_\_Other (specify) \_\_\_\_\_

Teacher/Adult Leader: \_\_\_\_\_ Attire: \_\_\_\_\_

I request that my son/daughter be permitted to participate in the above activity. My son/daughter has no medical condition that would render it inappropriate for him/her to participate in this activity.

My son/daughter has no known medical needs, allergies or dietary restrictions except as follows:

Should it be necessary for my son/daughter to take medication while participating in this activity, I hereby give my son/daughter permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my son/daughter cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my son/daughter's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgment in obtaining and providing medical treatment for my son/daughter should it become necessary to do so. I agree to relieve the Location and participating adults from any liability in connection with this request. I understand that the insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my son/daughter. I agree to indemnify and hold the Location harmless from the cost of any medical treatment and related expense and cost incurred.

**Release of Liability:** As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damages are caused by the active or passive negligence of the Archdiocese, the Location or their agents, employees, volunteers or chaperones.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_