

SAINT SIMON CATHOLIC SCHOOL
1840 GRANT ROAD
LOS ALTOS, CA 94024

FIELD TRIP PERMISSION SLIP FORM

ACTIVITY _____
(Be specific. Describe the activity in detail including time, place, transportation)

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 Diocesan personnel responsible for the activity.

I have the following medical insurance that would cover any hospital, medical and related costs and expenses in the event of illness or accident of an emergency nature, as follows: _____

In the event my child is injured or becomes ill and requires emergency medical attention, any resulting hospital, medical or related costs and expenses will first be paid by the medical insurance or benefit plan of mine or 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 then present to render medical treatment deemed necessary and appropriate by the physician.

Execution of this document is not a waiver of any rights against any responsible party in the event of an accident caused by a third party, including an employee of the Diocese of San Jose.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

OTHER PARENT/GUARDIAN SIGNATURE _____ DATE _____