

Carondelet/De La Salle High School
Off-Campus Consent Form

I _____, the parent of _____, a student at De La Salle High School request the school to allow my child to attend the **Junior Retreat** at the Casa San Felipe Retreat House, in Lafayette, on

(Please check the retreat your son will be attending)

- Thursday, October 18, 2018**
- Monday, November 5, 2018**
- Friday, October 19, 2018**
- Friday, November 16, 2018**

Students will be going by

School Bus

I give permission for my child to go on the above-mentioned field trip. In consideration for securing the arrangements, I hereby release and save harmless the school and its agents from any and all liability for any injury that may occur during this trip.

Signature of Parent or Guardian

Our permission is hereby given to the school representative of CHS or DLS High School to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving:

Student's Name	Parent or Guardian Signature	Date
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Home Address: _____			
Street	City	City	Zip

Home/Cell Phone: _____

Business Address: _____			
Street	City	City	Zip

Business Phone: _____

Phone number to be used in emergency (if other than above): _____

Special Health Considerations, allergies (drugs, food, insect bites, etc.) and/or limitations on physical activity:

Medications and dosage: _____

Age of Student: _____ Medical Insurance Carrier: _____ Medical Number: _____

Family Doctor: _____ Phone: _____