

**Carondelet/De La Salle High School
2018-19 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:

Event: **Kairos Retreat**

Destination: **Bishop's Ranch Retreat Center**

PLEASE CIRCLE THE RETREAT THAT APPLIES

- Kairos 115 – Sept. 11-14
- Kairos 116 – Sept. 25-28
- Kairos 117 – Oct. 22-25 (Mon.-Thur.)
- Kairos 118 – Jan. 17-20 (Thur.-Sun.)
- Kairos 119 – Jan. 22-25
- Kairos 120 – Feb. 26-March 1
- Kairos 121 – March 26-29

The Method of Transportation that will be used for this field trip:

Bus Bart Teacher driver Student driver Chaperone driver

Parents: Please mark the boxes that apply for this field trip:

- My child may ride the bus or Bart
- My child may drive them self (please attach a copy of your driver's license and insurance liability page)
- My child may drive another student(s) (please attach a copy of your driver's license and insurance liability page)
- My child may ride with another student
- My child may ride with the teacher
- My child may ride with a parent/chaperone

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: _____

Home Address: _____
Street City City Zip Home 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.) or limitations on physical activity:

Medications and dosage: _____

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

Family Doctor: _____ Phone: _____

Teachers: Please give a duplicate copy of this completed form to the attendance office and the Assistant Principal. All drivers (students, teachers, and chaperones) must provide a copy of their driver's license and insurance liability form.