

**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:

SIP Sophomore Immersion Program at St. Anthony's Foundation, 121 Golden Gate Ave, San Francisco
Time: 7:45 am- 3:30 pm

Check the date that applies

- | | | |
|---|--|---|
| <input type="checkbox"/> 1. <u>Friday, February 1</u> | <input type="checkbox"/> 4. <u>Friday, March 8</u> | <input type="checkbox"/> 6. <u>Tuesday, April 2</u> |
| <input type="checkbox"/> 2. <u>Friday, March 1</u> | <input type="checkbox"/> 5. <u>Tuesday, March 12</u> | <input type="checkbox"/> 7. <u>Friday, April 5</u> |
| <input type="checkbox"/> 3. <u>Tuesday, March 5</u> | | |

and to travel to this event from **Pleasant Hill BART Station** by transportation provided by **BART**

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

Date

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

Age of Student: _____

Parent or Guardian Signature

Date: _____

Home Address: _____
Street City Zip

Home Phone: _____

Business Address: _____
Street City Zip

Business Phone: _____ Emergency Phone: (if other than above) _____

Special Health Considerations, allergies _____

Any Medication _____

Medical Insurance Carrier: _____ Medical Number: _____

Family Doctor: _____ Phone: _____