



# NOTRE DAME HIGH SCHOOL

## School Activity Consent Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Activity/Field Trip: \_\_\_\_\_

Date of Activity/ Field Trip: \_\_\_\_\_

Time Leaving School: \_\_\_\_\_ Estimated Time of Return: \_\_\_\_\_

Teacher/ Coordinator: \_\_\_\_\_

Means of Transportation: \_\_\_\_\_

Cost Per Student: \_\_\_\_\_

Student Needs to Bring: \_\_\_\_\_

I, the parent/guardian of the above-named student, request that the school allow my student to participate in the school activity indicated above.

In consideration for making the arrangements for this activity/field trip, we hereby release and save harmless the school, its employees, officers, and agents from any, and all, liability, suits, causes, and claims arising to my student as a result of or in connection with this activity/field trip.

\*In case of injury or related emergency, I authorize that first aid be administered to my child by a person qualified to render such service, if deemed necessary by school faculty, staff, and/or chaperone. Please note allergies, special conditions: \_\_\_\_\_

\_\_\_\_\_

\*\*I understand that any insurance benefits that are effective have limited application.

Yes, \_\_\_\_\_ has my/our permission to attend the above activity on (date)

No, \_\_\_\_\_ does not have my permission to attend the above activity

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_