

Student Name _____ Grade Level _____



Student Off-Campus Activity Permission Form

Trip Information

Description of Activity: 9th Grade Retreat

Location of Activity: Canby Grove Christian Retreat Center
7501 S Knights Bridge Rd. Canby, OR

Departure Date and Time: Monday, February 28 – 8:30am
Return Date and Time: Monday, February 28 – 2:30pm

Accommodations (if overnight): NA

Mode(s) of Transportation: Yellow Bus

Faculty/Adult Chaperone(s): Mr. Gary Hortsch, 9th Grade Home Room Teachers
LS Admin – TBA

Chaperone Contact Information: Gary Hortsch – Director of Faith
ghortsch@lsprep.org
Office: 503-496-1765

Explanation of Student Cost: None

Parent/ Guardian Contact Information

Parent/ Guardian Name(s)) _____

Parent/ Guardian Phone Number(s) _____

Emergency Contact Name _____

Emergency Contact Number _____

Student Medical Information

Student Birthday _____

Known allergies: _____

Dietary Needs or concerns:: _____

Current Medications: _____

Activity Restrictions: _____

Health Insurance Company _____

Policy or Group Number _____

Student Waiver:

It is understood that my son/daughter is still under school supervision and all reasonable caution will be taken by those persons in charge to prevent injuries. With this knowledge, I hereby release and discharge La Salle Prep and each and all of the school’s agents and employees from any liability whatsoever, resulting from or in any manner arising out of any injury or damage which may be sustained on account of my son/daughter’s participation in this activity, or the transportation in connection herewith. Personal items and equipment are the responsibility of the student and neither the persons in charge nor the school will be liable for any loss incurred. I give permission for the designated school personnel or chaperones to seek medical attention in the event of an emergency or injury. I understand every reasonable effort will be made to contact me. In the event that I cannot be reached through reasonable efforts, I hereby give permission to the physician or hospital selected by the school to secure proper treatment, to order injections, x-rays, anesthesia or surgery for my child should that be deemed necessary by the physician.

COVID Waiver: As to risks related to the transmission of communicable diseases and most significantly COVID-19, La Salle cannot ensure that any travel is free of such risks. We are not aware of the vaccination or infected status of third parties or other individuals who may be encountered during the trip. By your authorization, you acknowledge that you have been made aware of such risks.

Student Behavior Expectations:

I understand that my son/daughter will be under the supervision of the designated school personnel and chaperones on the stated dates and that all school rules as stated in the La Salle Student Handbook will be in effect. I understand that students may be given independent free time during which they will be required to check-in with chaperones at designated times, travel with groups of at least three and communicate whereabouts with chaperones. I understand and agree that, if my student violates a school rule regarding drugs or alcohol or is involved in any criminal activity, he/she will be sent home at my expense.

I have read and understand the La Salle Prep Student Waiver and I agree to the terms stated above. I give my full consent for my son/daughter to participate in this activity.

Parent/ Guardian Signature(s)

Date _____

Student Signature

Date _____