

STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity ("Location"): St. Pius X - St. Matthias Academy

Place and Date of Event/Trip: St. Joseph Salesian Center, Rosemead CA (8301 Arroyo Drive)

Activity: Field Trip Retreat Other (specify) _____ Purpose: Junior Retreat

Description of Activity: Junior Class Overnight Retreat Experience (GROUP A) See Attached: FORMS

Mode of Transportation: PARENT DROP OFF/PICK UP Total Field Trip Cost \$ FEES PAID

Teacher/Adult Leader: Mr. Reyes, Mr. Perea and Class Moderators Attire: Jeans, PMA Shirt/Polo

To be filled in by Location

➔ Minor's Name: _____

➔ Address: _____

➔ Date of Birth: _____ Male Female Grade _____

➔ I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity. My son/daughter has the following medical needs, allergies or dietary restrictions _____

➔ If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

➔ **Release of Liability:** As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

➔ _____
Parent/Guardian Date

➔ _____
Home Phone Cell Phone Work Phone

➔ Person to Notify in case of Emergency if Parent or Guardian is unavailable:

➔ Name: _____ Phone: _____

➔ Health Insurance Company: _____ Policy No.: _____

To be filled in by parent/guardian

