



Off-Campus Activity Form

This form must be completed and turned in to the faculty member in charge of the event by _____.

Parent/Guardian Consent (*parent/guardian must complete*)

I, parent/guardian of _____, request that Ursuline Academy allow my daughter to participate in the following:

Activity:	
Location:	Various Playing Locations of LHSAA schools
Supervising Teacher:	
Date:	TBA
Time:	TBA
Method of Transportation:	Bus

Administrative Approval (to be obtained by supervising teacher) | **DoBee Plaisance, Athletic Director**

I agree on behalf of myself, my daughter named herein, and my spouse, our heirs, successors, and assigns, to hereby release, indemnify, and hold harmless Ursuline Academy and its employees, agents, volunteers and representatives from any and all liability of every kind, nature, or description for any accident, injury, illness, damage or harm that may be sustained by my daughter during and/or as a result of her participation in this trip.

By signing this official off-campus consent form, I accept the conditions of the field trip, the mode of transportation, as well as the educational purpose of such a trip as noted above.

_____ All medical information on file in the High School office is correct.

_____ Attached is any updated medical information.

In the event of an accident or sudden illness while on the school-related trip, I authorize school personnel to take whatever action is deemed necessary in their judgment for the health of said child including, but not limited to, authorizing medical treatment.

Signature of parent/guardian

Date

Student Consent (*student must complete*)

I, _____, understand that I am expected to follow the instructions given by the adults in charge, I must conduct myself according to the guidelines as stated in the Ursuline Academy Student Handbook throughout this activity, I must dress according to the guidelines given in the Ursuline Academy Student Handbook and making up any work I miss during this absence.

Signature of student

Date