



1253 Bishops Road
Los Angeles, CA 90012
(323) 225-2438

Cathedral High School Permission Slip

Parent Request for Student Participation in a School Activity

I hereby request permission for _____ Id# _____

Clearly Print Student Name & ID # above

to attend

Cathedral High School College Preparatory
College Visit Day
Wednesday, October 29, from 8am-3pm

I understand that my son will be under school supervision, with school handbook rules applying, and all reasonable caution will be taken to prevent injuries or harm to him. With this knowledge, I hereby release and discharge Cathedral High School 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's participation in this activity, or the transportation in connection herewith. Personal items and equipment are the sole responsibility of the student and neither the person(s) in charge nor the school will be liable for any loss occurred. It is also understood that it is a family responsibility for the student to bring any prescription medication that may be necessary during the activity. In the event that medical attention is needed in the judgment of the person(s) in charge, I give permission to seek medical attention for my son and to incur medical costs at my expense. I will also pay for expenses related to any physical/property damage determined by school personnel to be caused by my son during the duration of this activity.

Signed _____ Date _____

Parent/Guardian Signature _____

Print Mother's Name _____

Mother's Work Phone (_____) _____

Mother's Home/Cell Phone (_____) _____

Print Father's Name _____

Father's Work/Cell Phone (_____) _____