



## STUDENT AND YOUTH ACTIVITY PERMISSION FORM

**LOCATION:** \_\_\_\_\_  
 Minor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_  
 Activity: Field Trip \_\_\_\_\_ Retreat \_\_\_\_\_ Other (specify) \_\_\_\_\_  
 Date(s) of Activity: \_\_\_\_\_  
 Cost: \_\_\_\_\_  
 Purpose: \_\_\_\_\_  
 Description of Activity: \_\_\_\_\_ See Attached: \_\_\_\_\_  
 Mode of Transportation: Walk \_\_\_\_\_ Car Pool \_\_\_\_\_ Bus \_\_\_\_\_ Other (specify) \_\_\_\_\_  
 Teacher/Adult Leader: \_\_\_\_\_ Attire: \_\_\_\_\_

I request that my son/daughter be permitted to participate in the above activity. My son/daughter has no medical condition that would render it inappropriate for him/her to participate in this activity.  
 My son/daughter has no known medical needs, allergies or dietary restrictions except as follows: \_\_\_\_\_  
 \_\_\_\_\_

Should it be necessary for my son/daughter to take medication while participating in this activity, I hereby give my son/daughter permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my son/daughter cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my son/daughter'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 son/daughter should it become necessary to do so. I agree to relieve the Location and participating adults from liability in connection with this request. I understand that the 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 son/daughter. I agree to indemnify and hold the Location harmless from the cost of any medical treatment and related expense and cost 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 son/daughter 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.: \_\_\_\_\_