

# St. Pius X Catholic High School Parent Permission Form

Dear Parent/Guardian:

Your son/daughter/guardianship is eligible to participate in a school sponsored activity that requires transportation to a location away from the school site/campus. This activity will take place under the guidance and supervision of employees/volunteers from St. Pius X Catholic High School. A brief description of the activity follows:

Group: **Speech and Debate Team** Date: **11/22** Trip/Destination: **Carrollton High School**

Activity: **Peach State Classic Tournament**

Designated Supervisor of Activity: **Sean Hiland**

Time of Departure: **Saturday, 6:00am from St. Pius X**

Date & Anticipated Time of Return: **Saturday evening, 9:00pm or later**

Method of Transportation: **St. Pius X bus** Cost per Person: **none**

What to bring: money for meals

Total Due with Permission form: **none** Permission form Due Date: **11/20/08, Thursday**  
(Detach and return bottom half)

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**Liability Release:** If you would like your student to participate in this event, please complete, sign and return the following statement of consent and release of liability to the supervisor. As parent or legal guardian, you remain fully responsible for any legal action which may result from any personal actions taken by the named student.

I hereby consent to participation by my student, (**full name – please print**) \_\_\_\_\_  
in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee/volunteer on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I hereby waive and release any claim against School Authorities for any injuries suffered by my child during such trip whether caused by the negligence of the designated supervisor or otherwise. In the event of an injury suffered during the transportation to and from the site, I agree to look solely to the insurance carrier providing insurance on the transporting vehicle for compensation.

**Medical Emergency Release:**

In case of medical emergency, I understand that the every effort will be made to contact the parents or guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physician selected by the supervisor to hospitalize, secure treatment for and to order injection, anesthesia or surgery for my child.

Name of Parent/Guardian (printed): \_\_\_\_\_ Student (printed): \_\_\_\_\_

Please list any known allergies/medical conditions: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Best Number to reach mother/father/guardian (please circle one) in the event of an emergency (please circle which applies to #'s provided):**

(\_\_\_\_\_) \_\_\_\_\_ (home/cell/work) (\_\_\_\_\_) \_\_\_\_\_ (home/cell/work)

(\_\_\_\_\_) \_\_\_\_\_ (home/cell/work)