

PARENT/LEGAL GUARDIAN PERMISSION SLIP

Please fill out all areas CLEARLY, IN BLUE OR BLACK PEN (**please do not use pencils or gel pens as they do not photocopy well**)

CHILD/WARD: _____ GRADE: 8A 8B
(please circle your child's homeroom)

PARISH/SCHOOL: **ST. FRANCIS BORGIA SCHOOL**
DESIGNATED SUPERVISOR OF ACTIVITY: **MRS. STANGL, MRS. STECKLEIN**
ACTIVITY: **FALL SERVICE TRIP**
DESCRIPTION OF ACTIVITY: **SFB CEMETERY**

DATE(S) AND TIME OF ACTIVITY: **OCTOBER 29, 2021 12:30 PM - 3:10 PM**
(If an alternate date needs to be scheduled, this permission slip is valid for the new date and time chosen).

METHOD OF TRANSPORTATION: **BUS**
STUDENT COST (IF APPLICABLE): **N/A**

I consent to the participation of my CHILD/WARD in the above named ACTIVITY. In consideration for my CHILD/WARD'S participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include The Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH/SCHOOL which relates to the above named ACTIVITY if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and the risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

PARENT/LEGAL GUARDIAN SIGNATURE DATE

HOME PHONE WORK PHONE CELL PHONE

ADDRESS: _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name _____ Phone Number _____

Please furnish MEDICAL INFORMATION about your CHILD/WARD which may be pertinent to his/her participation in the above identified activity: _____
