

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 AND GRADE: _____

PARISH/SCHOOL: ST. FRANCIS BORGIA SCHOOL

DESIGNATED SUPERVISORS OF ACTIVITY: Miss Beck and Mrs. Zahn

ACTIVITY: LIBRARY/COMPUTER LAB

DESCRIPTION OF ACTIVITY: M.A.S.H. (MY AFTER SCHOOL STUDY HALL)

DATE(S) AND TIME OF ACTIVITY: Every Wednesday starting October 20, 3:30pm to 4:30pm though the 2021 - 2022 school year.

(If an alternate date needs to be scheduled, this permission slip is valid for the new date and time chosen)

STUDENT COST (IF APPLICABLE): \$5.00 PER STUDENT/ PER TIME OR \$25 PUNCH CARD

PLEASE RETURN YOUR MONEY WITH THE PERMISSION SLIP

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: **Please note that since this is an after school activity, the only medical information available to the chaperones/supervisor of the event, is what you indicate on this permission slip. Also, medication on file in the office will not be accessible during this event.**