

Return this form on or before:

Sacred Heart Catholic School
DIOCESE OF FRESNO PERMISSION TO PARTICIPATE IN A
SCHOOL ACTIVITY, RELEASE OF LIABILITY,
AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM

TO THE PARENT/GUARDIAN: You must give permission for your child to participate in the specific event, activity, or sport indicated on this form. You must also have signed the annual form for your child to attend and participate in any school-sponsored event, activity, or sport.

Name of Child	School Name
Name of Parent/Guardian	School Year
Event/Activity/Sport:	

My child is physically fit and capable of participation in this activity. I have told my child to follow the rules and instructions of the school, school personnel, or adult leadership of this activity. I understand that participation in this school-sponsored activity involves some risk (including any travel to and from this activity) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but not under the supervision or control of the school.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against the school. I release and discharge the school from all liability or responsibility for death, illness, personal injury, or property damage arising out of the school activity and any transportation involved with the school activity.

This permission, waiver, release, and consent applies to the school named, and to the Diocese of Fresno Education Corporation, The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, all other Diocese of Fresno schools, all parishes, affiliated organizations, and their officers, clergy, agents, and employees.

Off-campus Field Trip Information:

Destination of Field Trip:	
Departure Date and Time:	
Estimated Return Date and Time:	
Mode of Transportation:	Trip Fee (if applicable):

Continued on reverse side.

The following information is provided for the benefit of the school:

Daytime Phone Number(s) of Parent/Guardian	Nighttime Phone Number(s) of Parent/Guardian
Pager/Cell Phone Number(s)	Child's Date of Birth
Home Address	City, ZIP
Emergency Contact Other than Parent/Guardian	Phone Number(s)
Allergies (food, drugs, insects, etc.)	
Medications (name, dosage, reason)	
Other Information or Special Health/Physical Considerations (Attach extra sheet if necessary)	
Insurance Carrier	Insurance Group or ID Number
Name of Child's Doctor	Phone Number
Name of Child's Dentist	Phone Number
Name of Child's Orthodontist	Phone Number

In the event of an emergency and if the school is unable to contact me, I authorize school personnel or other adult leadership of a school-sponsored event or activity, at my expense, to secure and consent to xray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. A copy of this form shall be valid as the original and may be given to the adult leader of the activity.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

FOR OFFICE USE ONLY	Date Form Received by School	Received by
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