



ST. BERNARD'S ACADEMY

Parental/Guardian Permission

Off-Campus Activity

Student Name: _____

Class/Group: _____ Instructor/Moderator: _____

Activity Date: _____ Time: From _____ To _____

Destination: _____

Chaperones: 1) _____ 2) _____

3) _____ 4) _____

Person(s) other than parent to notify in case of an emergency:

Name: _____ Phone: _____

My son/daughter/dependent wishes to participate in the activity mentioned above and, as a condition of his/her being allowed to do so, I hereby release and discharge St. Bernard's Academy and their officers, agents and employees, from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in the activity mentioned above.

I hereby warrant and represent that he/she is physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given by the person or persons having supervision and/or control over the activity.

My son/daughter/dependent agrees to abide by the rules and regulations governing the above mentioned activity and to obey reasonable instructions given by the person or persons having supervision and/or control over the activity.

I hereby authorize, in an emergency situation, the person or persons having supervision and/or control over the activity to seek medical assistance, and I authorize medical treatment by the attending physician.

Parent/Guardian's Name: _____

Work Phone Number: _____

Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Health Insurance & Number: _____

Any Allergies? _____

Medications currently being taken: _____

Persistent Medical Conditions that staff should be aware of: _____