

HOLY CROSS HIGH SCHOOL

PARENT/STUDENT PERMISSION SLIP/RELEASE FORM

I request that Holy Cross High School allow my student to participate in the following field trip:

I give permission for my student _____, to attend the
(Student First & Last Name) (Grade)
_____ located
(Location Name)
at _____ on
(Location Address)
_____.
(Date)

In consideration of the making of arrangements for the trip by Holy Cross High School, I hereby release and save harmless the school of Holy Cross High School, Louisville, Kentucky and any and all personnel of Holy Cross High School from any and all liability and for any injuries, loss, death or other claims. Arising out of or resulting from this trip. I give my permission for my student to be transported by:

Bus A Holy Cross Associate A Holy Cross Student

In event that a medical emergency should occur and I cannot be contacted, I give my permission for a school representative to arrange for ambulance service to the nearest medical facility. I also give my permission for the staff of the medical facility to render treatment, which is considered necessary to my student's well-being.

If possible, I would prefer my student to be transported to (check one):

the following medical facility: _____

Or

the closest medical facility

Student Signature

Parent/Guardian Signature

Date _____

Daytime Phone # of Parent/Guardian _____