



Aquinas High School Parental Permission

I/We, the parent(s)/guardian(s) of _____ request that Aquinas High School allow my/our student to participate in:

_____ on _____
(Event or Activity) (Date)

at _____.

I/We, the parent(s)/guardian(s) of the above-named student request that the school allow my/our student to participate in the activity named above.

We hereby release and save harmless Aquinas High School and any and all of its employees and the Diocese of San Bernardino from any liability for any and all harm to my/our student as a result of transportation to this activity.

(Parent/Guardian Name) (Signature) (Date)

(Day Phone #) (Night Phone #)

Emergency Information

Student's Home Address: _____

City: _____

(Day Phone #) (Night Phone #)

(Other Phone # if any) (Other Phone # if any)

Contact Person (If Parent is unavailable): _____

(Phone #)

Regular Family Doctor: _____

(Phone #)

Insurance Carrier: _____ Policy #: _____

Special Health Conditions or Medications:

