

ST. DUNSTAN CATHOLIC SCHOOL
Archdiocese of San Francisco
PARENTAL PERMISSION FORM: PAYMENT & FORM DUE BY MAY 9, 2014

Date of Field Trip: **May 27, 2014** Activity: **School Picnic**
Place: **Blackberry Farm, Cupertino, CA** Time: **9AM – 3PM**
Transportation: Cars (Parent Drivers) Uniform Required: NO
Cost Per Child/Parent: \$12.00 Lunch Needed: NO

Student Information

Student Name: _____ Birthdate: _____

Address: _____

Parent/Guardian(s) Name: _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Information – Person(s) other than parent to notify in case of emergency

Name: _____ **Phone No:** _____

- I, the parent/guardian of the above named child, hereby, give my permission for him/her to participate in the activity named above. I agree to direct my child to cooperate and confirm with the directions and instructions of the parish, school or Archdiocese personnel responsible for the activity.
- I agree that in the event my child is injured as a result of his/her participation in the above named activity, including transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any hospital medical or related costs and expenses will first be against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.
- I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.
- I, hereby, give permission to the physician selected by the activities supervisory personnel present to render medical treatment deemed necessary and appropriate by the physician.

Teacher's Signature _____ Date _____

Principal's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

**While being sensitive to single parent situations and possible embarrassment to the children, signatures of both parents should be obtained when possible

PARENT DRIVER

NAME: _____

I AM ABLE TO DRIVE: YES _____ NO _____ I HAVE SEATS BELTS FOR _____ STUDENTS. (NO STUDENT MAY RIDE IN THE FRONT PASSENGER SEAT)

PARENT NON-DRIVER:

NAME: _____

I/WE WOULD LIKE TO ATTEND AS NON-DRIVER(S). YES _____ NO _____ AMOUNT ENCLOSED: \$ _____

SWIMMING AUTHORIZATION

_____ I, PARENT/GUARDIAN(S) DO **NOT** AUTHORIZE THE ABOVE-NAMED CHILD TO SWIM AT THE PICNIC.

_____ I, PARENT/GUARDIAN(S) DO AUTHORIZE THE ABOVE- NAMED CHILD TO SWIM AT THE PICNIC.
SWIMMING EXPERIENCE: _____ BEGINNER; _____ INTERMEDIATE; _____ ADVANCED

PARENT SIGNATURE _____ DATE _____