SAINT MICHAEL THE ARCHANGEL HIGH SCHOOL TRANSPORTATION PERMISSION

As the parent/legal guardian of _____, permission is hereby given for my child to be transported by bus or van on various, school-sponsored trips while enrolled and attending St. Michael the Archangel High School. I understand/acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify the release, indemnify, and hold harmless Saint Michael the Archangel High School and any of their staff members, or agents from lawsuit, claim, expense, demand, or action against them for costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

I further give my consent to that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, duly licensed as Doctors of Medicine or other such licensed technicians or nurses, to perform any emergency diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

Date of Birth Date of last Tetanus Booster

Known allergies including any allergies to medicine (Continue on back of form if needed)

Any other medical problems which should be noted (Continue on back of form if needed)

Name of Parent/Guardian

Address City/State/Zip

Phone Home Work Mobile

Person responsible for charges (if different from above)

Address City/State/Zip

Phone Home Work Mobile

Person to notify if parent/guardian is unavailable

Phone Home Work Mobile

Family Physician Phone

Insurance Carrier & Policy Number

Signature of Parent Date