

BLESSED SACRAMENT SCHOOL

Date _____

Dear Parent or Guardian:

Your child is eligible to participate in a school sponsored activity. This activity will take place under the supervision of a Red Cross instructor. The following is a brief description of the activity:

Activity: _____

Meeting Place: _____

Designated Supervisor(s): _____

Dates: _____

Time : _____

If you would like your child to participate in this activity please complete, sign and return the following statement of consent, release of liability and Permission for medical treatment.

Clip and return to your child's homeroom teacher by _____
PARENTS' PERMISSION AND INDEMNITY

I/we hereby request that my/our child _____ be permitted to participate. I/we understand that this activity will take place on the school grounds and that my/our child will be under the supervision of the Red Cross Instructor designated on the dates specified. I/we release and agree to indemnify Blessed Sacramento School and its representatives from liability for any accident in which my/our child may be involved or any injury to my/our child which may occur in connection with this activity. I/we consent to the conditions for participation in this activity including the method of transportation.

I/we authorize the above named designated supervisors to seek necessary medical treatment by a duly-licensed doctor or hospital for my/our child, except that surgery shall require the opinion of at least two doctors. I/we agree to assume any and all medical costs incurred.

I/we agree to assume all transportation costs should it be necessary for my/our child to return home for medical, disciplinary or other reasons.

I/we recognize that I/we remain fully responsible for any legal liability resulting from Personal action by my/our child.

Parent/Guardian _____ Date _____

STUDENT PARTICIPANT

I understand that I am subject to the rules of conduct specified by the school and I agree to abide by them as well as the directions of the designated supervisors of this activity.

Student Participant _____

My child will walk home _____

My child will be picked up by _____

Emergency contact phone numbers: Name: _____ Phone # _____

Name: _____ Phone# _____