

SAINT CATHERINE OF GENOA SCHOOL

192 SUMMER STREET
SOMERVILLE, MA 02143

Parent Permission Slip

School Name: St. Catherine of Genoa City: Somerville

Today's Date: _____

I, as parent or guardian give permission for _____
Student's first and last name

to attend _____ on _____
Event and Place Date

From: _____ until _____
Time Time

Mode of Transportation: _____
Car, Bus, etc...

Place of Departure: _____
Where

Place and time of return _____ about _____
Where Time

Teacher in charge: _____

Cost: _____

Attire: _____

Student will be accompanied by an appropriate number of adults: teachers, aides, parents, or school volunteers.

I on my behalf, individually and as parent/guardian of my child and on behalf of my child, our heirs, executors and administrators, hereby release and forever discharge the Roman Catholic Archbishop of Boston, a Corporation Sole, its agents, servants, employees, coaches, assistant coaches, principals, teachers, instructors, volunteers and priests and each such person's agents, representatives, successors or assigns from any and all claims and causes of action, including but not limited to, claims for personal injury or property damages which I, individually and as parent/guardian of my child and on behalf of my child, may have arising out of or in any way related to the aforementioned fieldtrip, activity or event. I also state that I am not aware of any health reasons which would prohibit or limit my child's participation in this field trip, activity or event.

IN CASE OF INJURY I GIVE PERMISSION FOR MY CHILD TO BE TREATED BY A PHYSICIAN.

Allergies Emergency Personnel should be aware of: _____

I am a Parent/Guardian authorized to sign
this form - **Please Print Name:** _____

Required: Parent/Guardian Signature: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____