

ST. JOSEPH'S PARISH CYO PARENTAL PERMISSION FORM

Trip/Activity: Hershey Park

Date: May 19, 2019

We (I) the parent(s) or legal guardian of _____ (student's name) hereby give permission for our (my) child to participate in the above trip. We (I) also understand that there is no obligation for our (my) child to participate in this trip.

Recognizing that injury may occur (in transportation or activity), we (I) hereby assume the risk in full for any injury or illness resulting from the above trip and agree to hold harmless the Parish/School/CYO and its priests, employees, agents and volunteers, to the extent permitted by law, for any and all claims or liabilities, whether direct or indirect, for any bodily injury and/or property damage arising from our (my) child's participation and travel to and from this activity.

We (I) hereby give our (my) permission to take our (my) child to a physician/hospital, and hereby authorize medical treatment, including emergency treatment if required, and assume the responsibility for all medical bills, if any.

Parent Phone Number: _____ (Home)

_____ (Cell)

Student Cell Number: _____

Medical Insurance Company Name: _____

Policy No.: _____ Group No.: _____

(Parent's Signature)

(Date)

(Parent's Signature)

(Date)