MUSKEGON CATHOLIC CENTRAL

PARENT PERMISSION FORM

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees or parent volunteers from Muskegon Catholic Central. All school rules will be enforced. A brief description of the activity follows:

Name of Event: _____

Destination: _____

Designated Supervisor of Activity: _____

Date and Time of Departure: _____

Anticipated Time of Return: _____

Method of Transportation: _____

Cost: _____

If you would like your student to participate in this event, please complete, sign, and return the following statement of consent and acknowledgement. Keep the above for your information. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

Form must be returned to_____**by** _____

I hereby consent to participation by my son/daughter _____ *in the event described above. I understand that this event will take place away from school grounds and that my child will be under the supervision of the designated school employee or volunteer on the stated dates. I further consent to the conditions stated above on participation in this event, including transportation. In any emergency, I hereby give my permission to the school-appointed coordinator of this event to secure emergency medical and/or emergency surgical treatment for the above named child during the trip. List allergies, medications, contacts, and other pertinent comments:*_____

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless Muskegon Catholic Central, any and all affiliated organizations, their employees, agents, representatives, volunteers, and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

Parent / Guardian Contact #1

_____ _____ _____

Print Parent / Guardian Name *Primary Phone Number* *Date of Completion*

Parent / Guardian Contact #2

_____ _____ _____

Print Parent / Guardian Name *Primary Phone Number* *Date of Completion*