



Mission Dolores Academy mdasf.org
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Supported in part by the Megan Furth Memorial Fund

PARENTAL PERMISSION FORM

Activity: _____

Date: _____

Field Trip Fee: _____

Child's Name: _____ **Grade** _____

Parent/Guardian's Name: _____

Guardians' Phone Numbers:

Home

Work

Cell

I, the parent/guardian of the above named child, hereby give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and follow the directions and instructions of the parish, school or Archdiocesan personnel responsible for the activity.

I agree, to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above activity, including transportation to and from the activity, whether or not caused by the negligence (active or passive) of the school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child, which would render it inappropriate for him/her to participate in any such activity.

I hereby, give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Parent/Guardian Signature _____ **Date** _____