

MISSION DOLORES SCHOOL

3371-16th Street
San Francisco CA 94114
415-861-7673

ARCHDIOCESE OF SAN FRANCISCO
PARENTAL PERMISSION FORM

ACTIVITY _____

(Be specific- Describe the activity in detail including time, place, transportation)

CHILD'S NAME _____ **MISSION DOLORES PARISH**

ADDRESS _____ PHONE _____
(Street, City, Zip)

MISSION DOLORES SCHOOL GRADE _____ BIRTHDATE _____

PARENT/GUARDIAN'S NAME _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____
(Street, City, Zip)

PERSON(S) (OTHER THAN PARENT/GUARDIAN) IN CASE OF EMERGENCY

NAME _____ PHONE _____

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 conform with 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 named activity, including transportation to and from the activity, whether or not caused by negligence (active or passive) of the parish /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 any 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'S SIGNATURE _____ DATE _____

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