ST CHRISTOPHER SCHOOL
PARENT / LEGAL GUARDIAN PERMISSION SLIP

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in the class field trip listed below and sponsored by St. Christopher School. These activities will take place under the guidance and supervision of employees and volunteers from St. Christopher School. A brief description of the activities is as follows:

Event/Location: BPO at Kleinhan's Music Hall **Cost:** $5

Date and Time of Departure: Feb. 5th @9:30 **Date and Time of Return:** Feb. 5th @11:45

Student Attire: uniform **Method of Transportation:** Sweethome Bus

Designated Chaperones: Mrs. Siekierski, Ms. Ensminger, Mr. Kobel

Special Directions: * Please return by January 23

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability and medical release information. As a parent, legal guardian, you remain fully responsible for any legal responsibility that may result from actions taken by the named student.

LIABILITY RELEASE

I/We recognize and acknowledge that there are risks in my child's presence and participation in the above mentioned event. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against St. Christopher School and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and / or from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event.

MEDICAL RELEASE

Our permission is hereby given to the representatives of St. Christopher School to authorize by his/her signature, whatever medical or surgical treatment may be considered necessary in the event of an accident or medical emergency in which the parent or guardian cannot be reached. It is understood that every attempt to reach the parent or guardian will be made. If the physician below cannot respond, I authorize any licensed physician or medical center to treat the student designated below.

_____ _____

Student Parents' Name/Signature

_____ _____

Address Telephone Number

_____ _____

Emergency Contact/ Telephone Number Primary Care Physician/Phone number

Health Insurance Company/Plan #//ID # _____

Allergies, Reactions or other pertinent medical information: _____

____ **I am interested in being a chaperone. NOTE: All chaperones MUST be Virtus trained.**

Please choose one:

_____ **I DO** _____ **I DO NOT**

give permission for any photo of my child taken during this trip to be used for the school website/publicity