

NOTRE DAME HIGH SCHOOL AMBASSADOR FIELD TRIP / ACTIVITY PERMISSION SLIP

Student's name: _____

Activity:			
Educational purpose of the Fieldtrip/Activity:			
Date:	Time:	Place:	Transportation:
Student's Address:			
Parent/guardian's name:			
Home telephone:	Mother's work telephone:	Father's work telephone:	

I/we, the parent(s) / guardian(s) of the above named student, hereby give my/our permission for my/our daughter's participation in the activity named above. I/we agree to direct her to cooperate and conform with the directions and instructions of Notre Dame High School personnel responsible for the activity.

I/we agree that in the event my/our daughter is injured as a result of 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 school, 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/we am/are not aware of any medical condition of my/our daughter which would render it inappropriate for her to participate in any such activity.

I/we hereby **GIVE PERMISSION** to the physician named on this form to render medical treatment deemed necessary and appropriate by the physician.

SIGNATURE: (Parent / Guardian)	DATE:
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I am/we are, the parent(s) / guardian (s) of the previously named student, **DO NOT** want her to attend the named activity.

SIGNATURE: (Parent / Guardian)	DATE:
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Teacher consent for student to miss class:

Teacher:	Class:	Block:
Teacher's Signature:		
Student/ Teacher Agreement:		

Teacher:	Class:	Block:
Teacher's Signature:		
Student/ Teacher Agreement:		

Teacher:	Class:	Block:
Teacher's Signature:		
Student/ Teacher Agreement:		
Teacher:	Class:	Block:
Teacher's Signature:		
Student/ Teacher Agreement:		

EMERGENCY INFORMATION

Dear Parent (s) and/or Guardian (s): The following information is for use in the event of an emergency if the Parent or Guardian cannot be reached. Please Notify:

Name:	Relationship:
Address:	Telephone:

Name of Physician:	Telephone:
Address:	

In the event the school is not able to reach the above named persons, I give my permission to the coach, instructor, or administrator to contact an ambulance.

_____ Yes _____ No

SIGNATURE: (Parent / Guardian)	DATE:
Relationship:	