



*st. Joseph/Marquette*

Grade \_\_\_\_\_

PERMANENT PERMISSION FORM

This form is to provide permission for your child to attend regular trips that are taken close to the school such as the public library, Miller Park, school visits, etc. This form will be in the teacher's possession in case of an emergency.

I give permission for my son/daughter

\_\_\_\_\_ to leave the school campus under the direct supervision of his/her teacher or other school representative.

In case of injury and/or illness the teacher, school representative or office personnel should contact:

Parent(s) :

\_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_

My child should not participate in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special circumstances or medical conditions regarding my child that the supervisor should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF AN EMERGENCY, ILLNESS OR ACCIDENT TO THE CHILD NAMED ABOVE, THE SCHOOL WILL CONTACT THE PARENT IMMEDIATELY. IF THEY CANNOT BE REACHED, DO YOU AUTHORIZE THE SCHOOL TO ARRANGE TRANSPORTATION TO THE NEAREST HOSPITAL FOR MEDICAL TREATMENT?

YES \_\_\_\_\_ NO \_\_\_\_\_ /

\_\_\_\_\_ /  
OF PARENT/GUARDIAN

DATE

SIGNATURE

I hereby relieve St. Joseph/Marquette Catholic School of all responsibility beyond that of normal supervision.

\_\_\_\_\_ /  
OF PARENT/GUARDIAN

DATE

SIGNATURE