

St. Joseph/Marquette Catholic School

PERMANENT PERMISSION

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 my 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 THE 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 _____

Signature of parent / guardian Date

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

Signature of parent / guardian Date