



St. Clare School

725 Washington Street • Santa Clara, CA 95050 • 408/246-6797

Providing 143 Years of Catholic Education in the City of Santa Clara

ACTIVITY: _____

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

STUDENT NAME: _____ PARISH: _____

ADDRESS: _____ PHONE: _____

SCHOOL: ST. CLARE SCHOOL GRADE: _____ D.O.B.: _____

PARENT/GUARDIAN NAME: _____ HM. PHONE: _____

ADDRESS: _____ WK. PHONE: _____

PERSON(S) (OTHER THAN PARENT) TO NOTIFY 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 Diocesan personnel responsible for the activity.

I have the following medical insurance that would cover any hospital, medical and related costs and expenses in the event of illness or accident of an emergency nature, as follows:

In the event my child is injured or becomes ill and requires emergency medical attention any resulting hospital, medical or related costs and expenses will first be paid by the medical insurance or benefit plan of mine or 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.

Execution of this document is not a waiver of any rights against any responsible party in the event of an accident caused by a third party, including an employee of the Diocese of San Jose.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

*****While being sensitive to single parent situations and possible embarrassment to the children, signatures of both parents should be obtained when possible.**