



**DuBois Area
Catholic School**

P.O. Box 567, DuBois, PA 15801

Central Catholic High School
Central Catholic Middle School
(814) 371-3060 Fax (814) 371-3215

Central Catholic Elementary School
Central Catholic Pre-School/Kindergarten
(814) 371-2570 Fax (814) 371-1551

PARENT PERMISSION FORM

I/we, the parent(s)/guardian(s) of _____ request that Central Catholic
Student's Name
allow my/our child to participate in _____ for the purpose of
Activity
_____ on _____
Purpose *Date*
under the direction of _____. I/we realize that transportation from
Faculty Advisor(s)
school to the activity and from the activity to the school will be by _____.

INDEMNIFICATION

To allow my/our child to participate in the said activity, and **INTENDING TO BE LEGALLY BOUND** HEREBY, I/we agree to **INDEMNIFY** DuBois Area Catholic School and its agents, successors and legal representatives against any loss from any and all claims, demands and actions at law or in equity that may hereafter at any time be brought by myself/ourselves, my/our child, or anyone on his/her behalf, for the purpose of enforcing a claim for damages because of any injury (including death) or property damages sustained by my/our child as a result of or in any way related to his/her participation in the said activity.

MEDICAL AUTHORIZATION

In the event of injury or illness to my/our child during his/her participation in the said activity, I/we hereby give our permission to _____ and to employees of DuBois Area Catholic School for
Faculty Advisor(s)
the necessary medical treatment to be given to my/our child. I/we, for myself/ourselves and for my/our child, my/our respective heirs and my/our respective legal representatives, do hereby indemnify and hold harmless any representative of DuBois Area Catholic School from any and all claims, demands, and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward the payment of the expenses incurred.

The name of our insurance company is _____.
The Carrier is _____. The policy number is _____.

Signature *Date* *Phone No.* *Signature* *Date* *Phone No.*
Father/Guardian *Mother/Guardian*