



Fourth Street - 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 -SPECIAL CIRCUMSTANCES

I/we, the parent(s)/guardian(s) of _____ request that DuBois Area Catholic
Student's Name
School allow my/our child to participate in _____ for the
Activity
purpose of _____ on _____. I/we realize that
Coach
transportation from school to 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 me/our child as a result of or in any way related to his/her participation in the said activity.

FULL DISCLOSURE OF CHAPERONING CONDITIONS

I/we do hereby acknowledge that this is a Field Trip to _____ and that there will be faculty members assigned to the students, with parents also assisting, but there will be times in which my child is together with other students where faculty members and/or parents are not actually with them.

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

Faculty Advisor(s)

School for 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 the 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 expenses incurred.

The name of our insurance company is _____.

The Carrier is _____. The policy number is _____.

Signature
Father/Guardian

Date

Phone

Signature
Mother/Guardian

Date

Phone