



# DUBOIS CENTRAL CATHOLIC

Central Catholic Middle School  
Central Catholic High School  
200 Central Christian Rd., P.O. Box 567  
DuBois, PA 15801  
(814) 371-3060 Fax (814) 371-3215

www.duboisatholic.com

Central Catholic Elementary  
Central Catholic Pre-School/Kindergarten  
210 Central Christian Rd., P.O. Box 567  
DuBois, PA 15801  
(814) 371-2570 Fax (814) 371-1551

## PARENT PERMISSION FORM

I/we, the parent(s)/guardian(s) of \_\_\_\_\_ request that DuBois Central  
*Student's Name*

Catholic School allow my/our child to participate in \_\_\_\_\_  
*Activity*

for the purpose of \_\_\_\_\_ 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 Central 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 Central Catholic School  
*Faculty Advisor(s)*

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 DuBois Central 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.

\_\_\_\_\_  
*Signature*  
*Father/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone No.*

\_\_\_\_\_  
*Signature*  
*Mother/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone No.*