



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 – SPECIAL CIRCUMSTANCES

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

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 Central Catholic School for the
Faculty Advisor(s)
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.