

**Immaculate High School
School Sponsored Activity Request Form**

Activity: _____ Date(s) _____

Chaperone(s): _____

SECTION ONE: PARENT/GUARDIAN REQUEST AND MEDICAL CONSENT

Student Information:

Name: _____ Age: _____ Date of Birth _____

Street: _____ Home phone: _____

City/State/Zip _____ Father Bus. Phone: _____

Mother Bus. Phone: _____

To whom it may concern:

The undersigned do hereby request and consent that our(my) child _____, attend and participate in the activity and associated activities listed above. We (I) authorize an adult, in whose care the minor has been entrusted, to render supervision and to provide consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician, dentist or emergency medical technician licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or treatment center whether such diagnosis or treatment is rendered at the office of said physician or said hospital or treatment center.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this request and authorization.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the activities sponsored by Immaculate High School listed above.

Hospital Insurance: yes _____ no _____ Insurance Company: _____

Physician's name: _____ Policy number: _____

Physicians's Phone: _____ Emergency contact: _____

Emergency phone: _____

Please list any allergies, special medical problems, or medication your child is taking. Thank you.

Medications: _____

Specific concerns: _____

Father: _____ Date: _____

Mother: _____ Date: _____

Legal Guardian: _____ Date: _____

Participant, if age 21+,: _____ Date: _____

(over)

**Immaculate High School
School Sponsored Activity Request Form**

Activity: _____

Date(s) _____

Chaperone(s): _____

Itinerary/Trip Description attached: yes ___ no ___

Transport school sponsored: yes ___ no ___

SECTION TWO: PARENT/GUARDIAN REQUEST AND RELEASE OF ALL CLAIMS

In consideration for being accepted by Immaculate High School in Danbury, CT and the Diocese of Bridgeport for attendance at and participation in the above listed activity and associated activities. We (I) and on behalf of our (my) child-participant (if under the age of 21), _____, hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in all activities involved therein.

The undersigned further hereby agree to hold harmless, and indemnify said school, its directors, employees, agents and adult volunteers, for any liability sustained as a result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent (s) or legal guardian (s) of this participant and thereby request participation, grant our (my) permission for him (her) to participate fully in said activity, and hereby give our (my) permission to chaperone(s) to supervise, care, and discipline our (my) participant.

Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, we (I) assume all transportation costs. When travel to and from the activity is not school sponsored we (I) assume all liabilities for any personal injury, damage and expense incurred as a result of riding in or driving in any vehicle to and from said activity.

We have read and agree to the itinerary attachments, if applicable, standards of conduct and honor code of Immaculate High School found in, but not limited to, the Student handbook and that additional school sanctions may be imposed due to disciplinary action as a result of my child-participant's actions.

Type or print name of participant

Parent(s) telephone

Father's signature

Date

Father's work or cell phone #

Mother's signature

Date

Mother's work or cell phone #

SECTION THREE: PARTICIPANT ONLY

I have read the foregoing and itinerary addendums or attachments, if applicable, and understand the rules of conduct and will abide by them as well as the directions of the leadership of the activity. I understand that my participation in said activity can be ended at any time at the discretion of activity leaders.

Student Participant

Date