

## St. Viator High School Off-Campus Activity Release Form

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Destination: VITAL BRIDGES Date of Trip: \_\_\_\_\_ Homeroom \_\_\_\_\_

Educational Purpose: SERVICE Moderator: SVHS Faculty/Staff

Means of Transportation: SCHOOL VAN

Departure Time: 3:30 p.m. Return Time: 8:00 p.m. (approx)

EMERGENCY TREATMENT AUTHORIZATION: As parent(s), I (we) do hereby authorize the treatment by a qualified and licensed doctor of the student named herein in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me (us). This form is completed and signed of my (our) own free will in order to authorized medical treatment under emergency circumstances in my (our) absence.

AGREEMENT REGARDING LIABILITY: I (we) hereby relieve the School, its employees and chaperones from any and all liability for claims arising out of my (our) son's/daughter's participation in this activity and to indemnify and hold harmless the School, its employees and chaperones against any such claims arising out of my (our) son's/daughter's participation in this activity.

I (we) have read and understand the terms of this Off-Campus Activity Release Form. Inconsideration of the opportunity to attend this activity, I (we) and my (our) son/daughter will abide by the terms set forth in this Off-Campus Activity Release Form as a condition to attend the activity.

Student Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_

PLEASE FILL IN: If there are any special instructions regarding the student's health, please indicate on the back of this form. If there are "none" \_\_\_\_\_