

LOST PERMISSION SLIP REPLACEMENT FORM
SAINT THOMAS MORE SCHOOL
50 Thomas More Way, San Francisco, CA 94132 (415) 337-0100
www.stthomasmoreschool.org

ARCHDIOCESE OF SAN FRANCISCO PARENTAL PERMISSION SLIP FOR:

Grade Attending: _____

Date of Trip: _____ Where are they going: _____

What time are they leaving: _____ When will they be back: _____

Do they bring a lunch: _____

How are the students getting there (chartered bus, Muni, private car, walking): _____

Do they have free dress or wear school uniform: _____

Who is chaperoning: _____ How much is the fee: _____

CHILD'S NAME: _____ PARISH: _____

ADDRESS: _____ PHONE: _____

(Street, City, Zip)

SAINT THOMAS MORE SCHOOL GRADE: _____ BIRTHDATE: _____

PARENT/GUARDIAN'S NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

(Street, City, Zip)

PERSON(S) (OTHER THAN PARENTS) TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____ PHONE: _____

I, the parent (guardian) of the above named child, hereby, give my permission for his/her participation in the activity named above. I agree to direct my child to co-operate and conform with the directions and instructions of the parish, school or Archdiocesan personnel responsible for the activity.

I agree, to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above named activity, including transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child that would render it inappropriate for him/her to participate in any such activity.

I, hereby, give permission to the physician selected by the youth activities' supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

OTHER PARENT/GUARDIAN: _____ DATE: _____

While being sensitive to single parent situations and possible embarrassment to the children, signatures of both parents should be obtained when possible.