

# PERMISSION FORM



Destination: \_\_\_\_\_ MARCH FOR LIFE IN WASHINGTON, D.C.

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date and Time Leaving \_\_\_\_\_ SATURDAY, JANUARY 21<sup>ST</sup> AT 7AM DEPARTING FROM JP2 HIGH SCHOOL

Date and Time Returning \_\_\_\_\_ TUESDAY MORNING, JANUARY 24<sup>TH</sup> AT 6AM RETURNING TO JP2 HIGH SCHOOL

How Student(s) will be Transported: \_\_\_\_\_ BUS (CHARTERED THROUGH GRAYLINE)

Driven by: \_\_\_\_\_ HIRED DRIVER

Student(s) Need(s): \_\_\_\_\_ \$100.00 DEPOSIT (FIRST COME FIRST SERVED BASIS )

Cost: \$ \_\_\_\_\_ \$225.00 \_\_\_\_\_ Please return signed form by \_\_\_\_\_ DECEMBER 1<sup>ST</sup>, 2011 \_\_\_\_\_

Please allow my child \_\_\_\_\_ to attend the trip on

(date) \_\_\_\_\_ to \_\_\_\_\_

Education or programmatic Purpose \_\_\_\_\_ PRO LIFE MARCH

In consideration of Our Lady of the Lake taking my child on a field trip, I (we) as the Parent(s) or Guardian(s) of said minor, hereby waive all claims for damages and loss to any person or property which may be caused by any act or failure to act of Our Lady of the Lake, its officers, agents, representatives, drivers or employees and release them from any and all liabilities.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Allergies and other medical conditions

\_\_\_\_\_  
Medications currently taking

Insurance Company Name \_\_\_\_\_

Policy and Group Numbers \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

If I (we) can not be reached in the event of an emergency, Our Lady of the Lake , its officers, agents, representatives or employees are authorized to act in my (our) behalf, and I (we) agree to release them from any and all liabilities.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

1729 STOP THIRTY ROAD, HENDERSONVILLE, TENNESSEE 37075 338-3903 FAX 824-7989  
OLOLCCONLINE.COM

