

**BREBEUF JESUIT PREPARATORY SCHOOL PERMISSION FORM**

I, the undersigned, hereby give permission for my son or daughter, named below and a registered student at Brebeuf Jesuit Preparatory School, to take part in the field trip or enrichment activities specified below. I also authorize Brebeuf Jesuit Preparatory School or its agents to seek emergency medical treatment and to consent to necessary health care for my child during the course of the said field trip or activities. I understand and agree that I will be liable for any expenses so incurred. **I release Brebeuf Jesuit Preparatory School and its agents from all claims and liabilities for expenses, damages, or injury to person or property arising out of, during, or in connection with my child's participation in said field trip or activities (including, without limitation, the receipt of medical treatment or health care) and I agree to indemnify and hold Brebeuf Jesuit Preparatory School and its agents harmless from such claims and liabilities.**

Student's Name: \_\_\_\_\_

→ **TO BE COMPLETED BY TEACHER / MODERATOR / COACH:**

Field Trip or Activity: Various Track & Field meets

Date(s) of Field Trip or Activity: 3/1/2012-6/2/2012

Mode of Transportation: (*moderator, check all that apply*):

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> School Vehicle         | <input checked="" type="checkbox"/> School Employee Driving          |
| <input checked="" type="checkbox"/> Charter/Rental Vehicle | <input checked="" type="checkbox"/> Charter Company Employee Driving |
| <input checked="" type="checkbox"/> Student Vehicle        | <input checked="" type="checkbox"/> Student Driving                  |
| <input type="checkbox"/> Other: _____                      |  |

→ **TO BE COMPLETED BY PARENT / GUARDIAN (WHERE APPLICABLE):**

If student vehicles and, or drivers are being used (*parent / guardian, check all that apply*):


- My son/daughter has permission to drive himself / herself as well as other students.
- My son/daughter has permission to drive himself / herself but not other students.
- My son/daughter has permission to ride in a vehicle driven by another student.
- My son/daughter is not allowed to be transported in a student vehicle.

- Medical Insurance Co: \_\_\_\_\_ Policy / Group #: \_\_\_\_\_
- Does your son(s) or daughter(s) have any medical condition(s) or allergies; or is he or she taking any medication(s) that are on file with Brebeuf Jesuit?  Yes  No (please check one)
- If condition(s) or medication(s) are too new to be on file, please list here:  
\_\_\_\_\_  
\_\_\_\_\_

→ **Signatures:**

- If the parent / guardian cannot be reached in an emergency, the following person should be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

 Parent/Guardian's Signature: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Witness' Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

*(The signature of an adult witnessing the parent/guardian's signature is required.)*

→ **EMERGENCY SCHOOL CONTACTS:**

**Dan Hyde**, Dean of Students/Safety: (317) 281-1933

**Mike Higgenbotham**, Director of Communications: (317) 524-7114

**Brenda Adams**, Dean of Students: (317) 339-8671

**LaTonya Turner**, Vice President of Student Life and Leadership:

(317) 339-9045