ST. ANTHONY CATHOLIC HIGH SCHOOL
PERMISSION FORM
FOR SCHOOL SPONSORED OFF-CAMPUS ACTIVITY

ACTIVITY: _____ SPONSOR (S): _____

DATE: _____ EXPENSE: _____

PLACE: _____ TRANSPORTATION: _____

TIME: _____ NUMBER OF STUDENTS: _____

SUBMITTED BY: _____ DATE: _____

APPROVED BY: _____DATE: _____

Complete each of the following sections and return to the sponsor no later than: _____

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I. My son/daughter _____ has my permission to participate in this activity. I understand that should an accident or some other emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. I further understand that the teacher and/or St. Anthony Catholic High School will not be held liable for any injury, accident, or medical treatment occurring during this school-sponsored activity.

PARENT'S SIGNATURE: _____ DATE: _____ TELEPHONE #: _____

PERSON TO BE REACHED IN CASE OF AN EMERGENCY: _____ TELEPHONE #: _____

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II. _____ has notified me that he will be absent from class/study hall and has arranged to make up any assignments, tests, or class work due during his absence. List all courses; teacher's signature is required for each course.

COURSE:	TEACHER'S SIGNATURE:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____