



St. Dominic Savio Catholic High School Release Form

TO: PARENT/GUARDIAN

Your child is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of St. Dominic Savio Catholic High School faculty, staff and parent volunteers. A brief description of the activity follows:

Name of Event: Senior Grad Night

Destination: Twin Lakes YMCA

Designated Supervisor of Activity: SDSCHS Faculty, Staff and Parent Volunteers

Date/time of Departure from Savio: Friday, May 26, 2017 at 9:00 PM

Date/Anticipated Time of Return: Saturday, May 27, 2017 at 6:15 AM

Method of Transportation: Savio provided transportation

Student Cost: \$50.00

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As Parent/Guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

FIELD TRIP PERMISSION

I/We, the Parent(s)/Guardian(s) of _____
Student's Name

request that St. Dominic Savio Catholic High School allow my child to participate in the **Senior Grad Night** at a **Twin Lakes YMCA** leaving Savio on **Friday, May 26, 2017 at 9:00 PM** and returning to Savio on **Saturday, May 27, 2017 at approximately 6:15 AM**. I/We hereby release and save harmless St. Dominic Catholic High School, all its employees and the Diocese of Austin and any supervising faculty, staff, and volunteers from any and all liability arising to my child as a result of this trip.

If emergency treatment is required for my child, I/We authorize supervising personnel to follow area EMS regulations in caring for my child. EMERGENCY CONTACTS:

Name _____ Home # () Cell () Work/Other ()
Name _____ Home # () Cell () Work/Other ()
Name/Phone of Physician _____ My Health Insurance Carrier & Policy # _____

ADDITIONAL HEALTH INFORMATION (Please list special needs, medications, food or drug allergies and comments _____)

I/We agree that it is my/our responsibility to arrange for my/our child to be transported home at my/our expense in the event my/our child breaks St. Dominic Savio Catholic High School trip rules.

When possible, both parents/guardians should sign this form.

Parent's/Guardian's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____