

# Saint Agnes Academy



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(Student's Name)

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(Grade entering in 2018-19)

I understand and support St. Agnes Academy rules regarding this trip and I ask that my daughter be permitted to participate. I give my permission for emergency medical attention. Should my daughter sustain any injuries during the course of her trip, I realize that the school disclaims any and all responsibility.

In the event of an emergency, I authorize the chaperone to seek any emergency medical treatment deemed necessary if I cannot be contacted at the time of the emergency.

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(Parent Signature)

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(Parent's signature)

I can be contacted at one of these telephone numbers, if the chaperone needs to reach me:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

(Home)

(Work)

(Cell)

The chaperone should be aware of this medical/physical condition (allergy, disability, physical or emotional problem):

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In case it is needed, I give the following information:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I understand all of the school rules regarding this trip and promise to comply with them.

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(Parent's signature)

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(Student's signature)