

STUDENT'S NAME _____

Homeroom _____

**CHAMINADE HIGH SCHOOL PARENT PERMISSION TO USE VEHICLES
2017 - 2018 SCHOOL YEAR**

Our son has our permission to be driven in a school vehicle by a member of the school staff for sports and school activities

PLEASE CHECK THE APPROPRIATE BOX(ES).

Our son has our permission to drive to and from school sports and activities in his or the family car.

His driver's license number is: _____.

Our son has our permission to ride in a vehicle driven by a student or another parent, who will be a licensed operator, to and from school sports and activities.

We agree Chaminade assumes no responsibility as to any trips made in such vehicles and we indemnify and hold it harmless from any claim or liability asserted by him or on his behalf arising out of the use of any such vehicles.

We hereby give our son permission to participate in all the athletic sports and activities at Chaminade under the supervision of the Chaminade Staff. We will not hold Chaminade responsible for any injuries sustained. We indemnify and hold Chaminade harmless from any claim or liability asserted by him or on his behalf arising out of his participation in any sport or activity.

EMERGENCY MEDICAL PERMISSION

NAME _____ GRADE _____ BIRTHDATE _____

PARENTS NAME: _____ (Please Print) PARENTS NAME IF DIFFERENT: _____ (Please Print)

HOME PHONE #: _____ EMERGENCY PHONE #: _____ CONTACT PERSON: _____

ADDRESS: _____ TOWN: _____

ANY MEDICAL PROBLEMS: _____

LIST ANY ILLNESS OR SURGERY IN PAST YEAR THAT YOU WERE HOSPITALIZED FOR: _____

In addition, we do hereby empower any member of the Chaminade Staff to authorize emergency medical treatment for our son in case of injury while engaged in formal activity under the supervision of Chaminade High School and we agree to pay for any medical service or medication expended.

PARENT'S SIGNATURE

DATE