2026-2027 (NAME OF SCHOOL) CATHOLIC SCHOOL ANNUAL SCHOOL EVENT & FIELD TRIP PERMISSION FORM

Student Name: _____ DOB:_____

Grade: _____ **Teacher:** _____

I, the undersigned parent or legal guardian of the student named above, hereby grant permission for my child to participate in **any and all (NAME OF SCHOOL) Catholic School sponsored field trips, educational activities, athletic events, extracurricular activities, performances, competitions, community outings, and other school-sponsored events** that occur during this 2026-2027 school year.

This permission is intended to serve as my **annual authorization** for my child to participate in such activities and shall remain valid for the **entire (NAME OF SCHOOL) school year**, unless I revoke my permission in writing.

I understand that school-sponsored activities may take place **on or off (NAME OF SCHOOL) property** and may involve transportation provided or arranged by the school or school district. I authorize my child to participate in these activities without requiring a separate permission signature for each individual event or field trip, except where a separate authorization is required by law, school district policy, or the specific activity.

I understand that **(NAME OF SCHOOL)** will provide information regarding individual activities when appropriate, including name of responsible staff member, dates, locations, transportation arrangements, and any special requirements.

I agree in behalf of myself, my child herein, or our heirs, successors, and assigns, to hold harmless and defend **(NAME OF SCHOOL)**, its officers, directors and agents, and the **Yakima Diocese,** chaperones, or representatives associated with this event, arising from or in connection with my child attending an event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the **Yakima Diocese**, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

As parent or legal guardian, I remain legally responsible for any personal actions taken by my above-named minor ("participant").

By signing below, I confirm that I am the student's parent or legal guardian and that I have read and understand this **St. Rose Catholic School** annual permission authorization.

Date: _____

Parent/Legal Guardian Name (printed):

Parent/Legal Guardian Signature:

Parent Primary Phone Number: _____

Email: _____

Emergency Contact:
In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the number above, please contact:

Name: _____

Relationship to Student: _____

Phone Number: _____

Medical/Activity Information

Please list any medical conditions, allergies, medications, physical restrictions, or other information the school should be aware of:

Parent/Guardian Initials: _____

**All fields must be completed by parent to validate your authorization.