

**BREBEUF JESUIT PREPARATORY SCHOOL PERMISSION FORM**

I, the undersigned, hereby give permission for my son or daughter, named below and a registered student at Brebeuf Jesuit Preparatory School, to take part in the field trip or enrichment activities specified below. I also authorize Brebeuf Jesuit Preparatory School or its agents to seek emergency medical treatment and to consent to necessary health care for my child during the course of the said field trip or activities. I understand and agree that I will be liable for any expenses so incurred. **I release Brebeuf Jesuit Preparatory School and its agents from all claims and liabilities for expenses, damages, or injury to person or property arising out of, during, or in connection with my child's participation in said field trip or activities (including, without limitation, the receipt of medical treatment or health care) and I agree to indemnify and hold Brebeuf Jesuit Preparatory School and its agents harmless from such claims and liabilities.**

Student's Name: \_\_\_\_\_

→ **TO BE COMPLETED BY TEACHER / MODERATOR / COACH:**

Field Trip or Activity: \_\_\_\_\_

Date(s) of Field Trip or Activity: \_\_\_\_\_

Mode of Transportation: (*moderator, check all that apply*):

- |   |   |
|---|---|
| <input type="checkbox"/> School Vehicle         | <input type="checkbox"/> School Employee Driving          |
| <input type="checkbox"/> Charter/Rental Vehicle | <input type="checkbox"/> Charter Company Employee Driving |
| <input type="checkbox"/> Student Vehicle        | <input type="checkbox"/> Student Driving                  |
| <input type="checkbox"/> Other: _____           |   |

→ **TO BE COMPLETED BY PARENT / GUARDIAN:**

If student vehicles and, or drivers are being used (*parent / guardian, check all that apply*):

- My son/daughter has permission to drive himself / herself as well as other students.
- My son/daughter has permission to drive himself / herself but not other students.
- My son/daughter has permission to ride in a vehicle driven by another student.
- My son/daughter is not allowed to be transported in a student vehicle.

- Does your son(s) or daughter(s) have any medical condition(s) or allergies; or is he or she taking any medication(s) that are on file with Brebeuf Jesuit?  Yes  No (please check one)
- If condition(s) or medication(s) are too new to be on file, please list here:  
\_\_\_\_\_  
\_\_\_\_\_

→ **Signatures:**

- If the parent / guardian cannot be reached in an emergency, the following person should be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

 Parent/Guardian's Signature: \_\_\_\_\_ Contact Number: \_\_\_\_\_

 Witness' Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
*(The signature of an adult witnessing the parent/guardian's signature is required.)*

→ **EMERGENCY SCHOOL CONTACTS:**

**Dan Hyde**, Dean of Students/Safety: (317) 281-1933

**Jennifer Fitzgerald**, Director of Communications: (317) 524-7114

**Brenda Adams**, Dean of Students: (317) 339-8671

**B. Matt Giles**, Assistant Principal for Student Life: (317) 339-9045