

St. Mary's Cathedral School: 2018-2019
PARENTAL/LEGAL GUARDIAN PERMISSION SLIP
FOR SWIM CLASS PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish/school-sponsored activity, which requires transportation to a location away from the parish/school site. Students will only be allowed to call home one time for forgotten swim wear. (No two piece swimsuits.) Swim wear, towels, and swim bags must be labeled with student name. This activity will take place under the guidance and supervision of employees or adult volunteers from St. Mary's Cathedral School and City of Amarillo Parks & Recreation Department. A brief description of the activity follows:

Curriculum Goal: Water safety, lifetime recreation skills

Destination: Charles E. Warford Activity Center

Designated supervision of activity: Elisha Hernandez (PE Teacher)

Date of departure: Every 3rd week beginning September

Anticipated Time of Departure: 12:50 pm Return: 3:10 pm

Method of Transportation: School Bus and/or Teacher/Parent Vehicle

Student Cost: Paid by donor for the 2018-2019 school year.

The SMCS Swim Program is a part of the Physical Education curriculum. A participation grade will be given, students are to participate unless excused per doctor's note. Please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal action taken by the named student.

I hereby consent to participation by my child, _____, in the event described above. I understand this event will take place away from school or parish facilities, and my child will be under the supervision of the designated parish/school employee or adult volunteer on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. **Permission by parents may not be given by phone.**

Parents' Names

Emergency Phone Number

Medical Insurance Company

Allergies

Address

Policy #

Medications

I hereby authorize the designated person/s, as named above, to take my child for medical treatment in the event of an emergency in which neither parent can be reached. I authorize any licensed physician or medical center to treat my child.

Signature _____ Date _____