

BROPHY COLLEGE PREPARATORY

PERMISSION TO TRAVEL FOR SCHOOL APPROVED ACTIVITIES AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

(Name of Student – Please Print)

(Birth date)

(Home Address)

(Telephone)

The above-named student has the unqualified permission of each of the undersigned to travel with

_____ **on** _____ **for** _____
(Group or Person) (Date) (Purpose)

The above-named student may travel by means of **VANS** **BUS** **CARPOOL** (circle one) or by any other means deemed appropriate by BROPHY COLLEGE PREPARATORY. Each of the undersigned hereby authorizes BROPHY COLLEGE PREPARATORY to allow the student to travel to, and to fully participate in, such school activities. Each of the undersigned further agrees to hold Brophy College Preparatory harmless for any injury or damage arising out of said student's travel to or participation in such school activities.

In the event of a medical emergency, the undersigned parent/guardian of the above-named student hereby grants authorization to BROPHY COLLEGE PREPARATORY, and to its teachers, coaches, agents and other representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above-named student. Each of the undersigned further agree that neither BROPHY COLLEGE PREPARATORY, nor its teacher, coaches, agents or other representatives, shall be liable under any circumstance to any of them for exercising the foregoing authority in the event of an emergency.

(Signature of Student)

(Date)

(Signature of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)