



Bishop Alemany High School
11111 N. Alemany Drive, Mission Hills, CA 91345
(818) 365-3925, (818) 365-2062 fax

OFF CAMPUS ACTIVITY AND MEDICAL RELEASE FORM

PLEASE PRINT:

Activity/Destination: _____	
Depart from Campus on: _____	Time: _____
Return to Campus on: _____	Time: _____
Activity Supervisor: _____	
Transportation to location is by: Bus _____ Car _____ School Van _____	

Student Name _____ Grade Level _____ Home Phone () _____

Parent Name _____ Work Phone () _____

Emergency Name (if other than parent) _____

Emergency Phone () _____ (Pager ___ Cellular ___ House ___ Work ___)

Doctor Name _____ Phone Number () _____

Insurance Company _____ Policy # _____ ID# _____ Type (HMO, PPO, etc) _____

I request that my son/daughter be permitted to participate in the above activity. As a condition of being allowed to do so, I hereby, release and discharge the school from any and all claims for personal injuries or property damage that my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the school or it's employees. Should it be necessary for my son/daughter to have medical treatment while participating in this trip, I hereby give the school personnel permission to use their judgment in obtaining medical service and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request. I realize that the school has no control over possible terrorist attacks.

I understand that my insurance benefits that are effective have limited application.

****I understand that my son/daughter is participating in a Bishop Alemany High School event and will abide by all rules as stated in the Student-Parent Handbook. Failure to conform to all rules, including behavior and attire, could result in my being called to pick them up and the student may be subject to other disciplinary action as stated in the Handbook.**

Signature of Parent or Guardian _____ Date _____

Print Name of Parent or Guardian _____

Street Address _____ City _____ State _____ Zip _____