Appendix M

BISHOP CARROLL CATHOLIC HIGH SCHOOL
SERVE DAY PERMISSION FORM

Student's Name _____ Teacher: _____
(Please Print)

Date of Trip: _____ Time: _____

Location of Field Trip:_____

Transportation Plan: The student above is…

- ☐ Providing their own transportation with no other students in their vehicle
- ☐ A passenger in a student's vehicle. Drivers name _____
  - If the driver is over 18, needs to be Virtus trained
- ☐ A passenger in a teacher's vehicle. Teacher's name _____
- ☐ Providing their own transportation with additional student riders. Names of students riding in their vehicle: _____

_____

TRANSPORTATION RELEASE

I grant permission for the above transportation plan by signing this release.

MEDICAL PERMISSION

I grant permission in the event I/my child is injured or becomes ill for medical care to be administered to me/my child and to use my/our personal insurance to cover such incidents. I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

LIABILITY RELEASE

I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Wichita, Bishop Carroll Catholic High School, and their agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Bishop Carroll Catholic High School, their leaders, employees, volunteer staff, and chaperones/representatives liable for damages, losses, diseases, or injuries incurred by the subject of this form.

_____
Print Parent/Guardian Name

_____
Parent/Guardian Signature

_____
Parent Contact Information In Case of Emergency