



Event Permission/Liability Waiver

Event: _____

Date of Event: _____

Student: _____

Phone number: _____

Other Emergency Numbers: _____

Grade: _____

I, _____ give my permission for my child to participate in the above mentioned event with St. Thomas Aquinas Center, West Lafayette, IN. I understand that every effort will be made to protect the well being of my child, but agree that in the case of accidental injury, I will hold St. Thomas Aquinas Center and the adult sponsors of the trip harmless from any damages. In any case that transportation may be needed, I understand that my child will be assigned to ride with a licensed driver, driving a privately owned or rented automobile.

In the event that my child would need emergency medical treatment, I give permission for the adults in charge of the group to secure the necessary treatment to protect the life and health o my child. I understand that I will be contacted before any medical treatment is begun except where a delay in treatment would not be in the best interest of my child.

Child Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Accident/Hospitalization Policy Name: _____

Policy Number: _____

Special Medical information that should be noted: _____

