



Lourdes Catholic School

555 Patagonia Hwy.
Nogales, Arizona 85621
520-287-5659 / fax 520-287-2910
<http://www.lcsnogales.org>

PARENT PERMISSION FORM

To the principal of Lourdes Catholic Middle School, Sr. Barbara Monsegur, I hereby authorize _____ to participate in the trip to Washington, D.C., from April 13-17, 2015.

I agree to instruct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the field trip. Should it be necessary for my child to have Medical treatment while participating in this trip, I hereby give the school personnel permission To use their judgment in obtaining medical services for the child, and I give permission to the Physician selected by the school personnel to tender medical treatment deemed necessary and Appropriate by the physician. I understand that any insurance benefits that are effective have limited application. I hereby release and discharge any and all school employees and or their agents from any and all liability arising from or out of this trip.

I have gone over the rules of conduct and the behavior expected of my child. I also covered the THREE STIKE POLICY with my child. S/he understands the consequences of inappropriate behavior.

Father/Guardian

Mother/Guardian

Address

Phone number

Date

State of Arizona)
County of Santa Cruz)

On _____, personally appeared _____

whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledge that he/she signed the above document.