

# Parent Permission Form

## St Mary's Academy

1615 S.W Fifth Ave.  
Portland, Oregon 97201  
(503) 228-8306

### Parent or Guardian Permission Form

I give \_\_\_\_\_ permission to \_\_\_\_\_ to  
(name of student) (mode of transportation)  
\_\_\_\_\_ and participate in \_\_\_\_\_ for the  
(destination) (educational activity)  
\_\_\_\_\_ class at St. Mary's Academy. The trip will begin at approximately  
(name of class)  
\_\_\_\_\_ on \_\_\_\_\_ and end at approximately \_\_\_\_\_  
(departure time) (date) (return time)  
on the same day.

Should an accident or other medical emergency occur during the trip or activity and the responsible leader is unable to reach a parent or guardian for medical authorization, I hereby give my consent for the responsible leader to authorize necessary hospitalization or treatment, including injections, anesthesia, surgery, and medication.

I agree to be responsible for all debts not covered by the school which are incurred by the student during the trip or activity, and for all the expenses not covered by insurance that are incurred as a result of any accident, illness, or medical emergency involving the student.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Parent or Guardian signature: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_