

Parent Permission Form

SLUH Service Programs

Due to the fact that many St. Louis University High students will be taking part in service activities beyond the confines of the school and because these students will be driven by or walking with other students, parents and teachers, it is necessary for parents/guardians to complete the given consent and release form.

If a faculty member drives a school vehicle to a service activity, they are viewed as an agent for the school and will be covered by the school's automobile/liability insurance. A student or parent driving their own vehicle transporting students to a service activity is NOT covered by the school's insurance.

I/we, the undersigned parent(s) or guardian(s) of _____, a student of St. Louis University High School, hereby give permission to SLUH to allow our son/ward to participate in the SLUH Service activities including the Freshman Service Program and Community Service Program (CSP). We understand that other students, parents or faculty members driving their own vehicle or the school van will transport our son at times to service activities. If our son has a driver's license, we give our permission for him to drive to the activity. We understand that he may drive other students to the venue.

I/we are aware that there are certain risks and dangers involved while driving to and from the venue and while participating in the above referenced activities. I/we and anyone claiming by or through me/us agree to mutually, fully and forever, release, discharge and hold harmless St. Louis University High School, its employees, agents, representatives, assigns, successors and trustees from any and all claims, demands, causes of action, liabilities or suits for injuries or damages arising from or which could arise from and by reason of the participation of our son in the above referenced activity including but not limited to, claims arising from the transportation of our son to this activity.

This permission form is in effect for one school year.

Date _____

Parent/Guardian name (please print) _____

Parent/Guardian signature _____

Please also fill out the Emergency Treatment Consent Form on the back.

If you have any questions about this form, please contact Mrs. Simonie Anzalone x2148, CSP Director or Mr. Brock Kesterson, Assistant Principal for Student Welfare.

St. Louis University High School
Emergency Treatment Consent Form

Please print all information.

Student Name (Last, First) Date of Birth

Address Phone #

Father/Guardian Name Employer Work # Cell #

Mother/Guardian Name Employer Work # Cell #

Doctor Name Address Phone #

If parent's can't be reached call _____
Name Phone #

Insurance Co./Policy Number _____

Please list any allergies/pre-existing conditions that you want emergency personnel to be aware of

In case emergency treatment is needed for your son, he will be taken to the hospital nearest to where the injury takes place.

I hereby give permission for a physician to administer emergency treatment to the above named student.

Father/Guardian Signature

Mother/Guardian Signature

Date

Date