



CRESPI CARMELITE HIGH SCHOOL

5031 Alonzo Avenue, Encino, CA 91316

(818) 345-1672



OFF-CAMPUS ACTIVITY & MEDICAL RELEASE FORM

Please provide the following information and return it to the Activity Supervisor below.

Activity / Destination: _____

Date of Departure: _____ Time: _____

Date of Return: _____ Time: _____

Name of Activity Supervisor: _____

Title of Activity Supervisor: _____

Method of transportation: Bus ____ Private Car ____ Other: _____

Student Name _____ Grade _____ Home phone () _____

Parent Name _____ Work phone () _____

Emergency Name (if other than parent) _____

Emergency Phone () _____ (Pager ____ Cellular ____)

Doctor Name _____ Phone () _____

Insurance Company _____ Type (HMO, PPO, etc.) _____

Policy # _____ ID # _____

I understand that, should it be necessary for my son to have medical treatment while participating in this activity, I do hereby give Crespi Carmelite High School personnel permission to use their judgment in obtaining medical services for my son, and I give permission to the medical personnel selected by Crespi Carmelite High School to render said medical treatment. I will be responsible for any payment that ensues.

I understand that my son/ward is participating in a Crespi event and will abide by all rules as stated in the Student-Parent Handbook. Failure to conform to all rules, including behavior and attire, could result in my being called to pick him up and may be subject to other disciplinary action as stated in the Handbook.

The undersigned does hereby waive, release and forever discharge any and all claims against Crespi Carmelite High School, the Carmelite Fathers, any commissioners, employees, volunteers, or agents for damages and/or injuries to the aforementioned student which may arise from participation in any off-campus activities.

Signature of Parent or Guardian _____ Date _____

Print Name of Parent or Guardian _____

Street Address _____

City _____ State _____ Zip Code _____