

# Christ the Teacher Catholic School Permission Slip

I hereby request permission for \_\_\_\_\_  
(Student name)

It is understood that my son/daughter is under supervision by Christ the Teacher Catholic School and/or its designee. All reasonable caution will be taken by those in charge to prevent injuries. With this knowledge, I hereby release and discharge Christ the Teacher Catholic School and each and all of the school's agents and employees from any liability whatsoever, resulting from or in any manner arising out of any injury or damage which may be sustained on account of my son/daughter's participation in this activity, or the transportation in connection herewith. Personal items and equipment are the responsibility of the student and neither the persons in charge nor the school will be liable for any loss incurred.

I give my permission of the person(s) in charge to seek medical attention in the event of an emergency or injury. I understand every reasonable effort will be made to contact me. In the event that I cannot be reached, through reasonable efforts, I hereby give permission to the physician selected by the school to secure proper treatment or to hospitalize, to order injections, anesthesia or surgery for my child.

\_\_\_\_\_  
Father/Male Guardian Contact Phone: \_\_\_\_\_

Mother/Female Guardian Contact Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Important Medical Information (allergies, restrictions, medications, dietary considerations, etc.) :

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

5508 W. Chestnut Ave. • Yakima, WA • Phone (509) 575-5604  
E-mail:

**Form due back to CTCS by:**