



HOLY CROSS CATHOLIC ACADEMY
 4110 S. Bonham Street
 Amarillo, Texas
 (806) 355-9637 / 353-9520 (Fax)



**PARENTAL / LEGAL GUARDIAN PERMISSION SLIP
 FOR OFF-CAMPUS SCHOOL SPONSORED EVENTS –TRANSPORTATION
 2018 - 2019 SCHOOL YEAR**

Your child/guardianship is eligible to participate in school sponsored, activities which requires transportation to locations away from the Holy Cross Catholic Academy (HCCA) campus and/or city of Amarillo. This form was created to simplify the process, by requesting your permission for your child/guardianship to travel to all activities sponsored by HCCA. These activities will take place under the guidance and supervision of HCCA staff or adult volunteers. This form covers students traveling on an HCCA approved bus and/or any other school sponsored vehicles previously approved by HCCA administration.

This form covers, but is not limited to, the following school sponsored activities: athletic events, academic competitions, music department events/competitions, service projects, and school sponsored field trips for the 2018-2019 school year. Notification of event and mode of transportation will be given to parents prior to each event (excluding regularly scheduled athletic events when traveling in school vehicle).

I hereby give consent for _____, (student) to participate in the activity described above. I understand this event will take place away from the HCCA campus, and my child/guardianship will be under the supervision of the designated HCCA staff or adult volunteers. I further consent to the method of transportation stated above.

As parent/guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student.

Please Print:

 Parent / Guardian Name

 Home Phone

 Address

 Emergency Phone or Cell Phone

 Family Insurance Carrier

 Policy Number

I hereby authorize HOLY CROSS CATHOLIC ACADEMY to take my child/guardianship for medical treatment in the event of an emergency in which neither parent can be reached. I authorize any licensed physician or medical center to treat my child.

 Parent / Guardian Signature

 Date

A copy of this form will be carried with the trip sponsors.