

ALTHOFF CATHOLIC High School- SOUP BUS Participation Form

Dear Parent or Legal Guardian:

Your son/daughter/guardianship is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school site. This activity will take place under the guidance and supervision of staff from Althoff Catholic High School. A brief description of the activity follows:

THE ACTIVITY:	SOUP BUS, St. Vincent de Paul Mobile Kitchen
LOCATION:	EAST ST. LOUIS (Students remain in secure bus)
DESIGNATED SUPERVISOR:	ACHS Chaperone; (John M. Bouc, program coord.)
DATE / TIME OF DEPARTURE:	_____/_____/2009; 5:00PM (from ACHS)
DATE / TIME OF RETURN:	7:00PM to ACHS, Clean-up ends around 7:15PM
METHOD OF TRANSPORTATION:	BUS
APPROPRIATE STUDENT DRESS:	** No offensive or revealing clothing! **

If you will permit your child to participate in this activity, please complete, sign and return the bottom of this form. As a parent, you remain legally responsible for all actions taken by your child during this activity, which includes traveling to and from it. No student may participate without a signed permission form. A telephone call CAN NOT substitute for your signature. The top of this form is for you to keep.

(save this portion for your information)



PARENT PERMISSION for Althoff SOUP BUS

I hereby request participation of my child, (print name), in the SOUP BUS event described above which takes place on the date: _____/_____/2009. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school staff on the stated dates. I further consent to the conditions stated above on participation in this event, including the transportation.

I further understand and agree that I assume full responsibility for any loss or damage to property, or for bodily injury to others, caused by the above named child, whether by accident or intent.

In the event that my child requires medical care while participating in this activity, I assume responsibility for payment of all expenses associated with such care.

In the event my child requires emergency medical care and I cannot be reached, I hereby consent to #1 activity supervisor to arrange for proper emergency care at an appropriate facility and #2 medical personnel to render necessary treatment.

I have read the above form. I fully understand and consent to its terms.

Parent/Guardian Signature

Print Parent/Guardian Names

-date

Home phone

Mobile phone

Alternate phone