

**PARENT/LEGAL GUARDIAN PERMISSION SLIP
AND INDEMNITY AGREEMENT
MUST BE RETURNED BY: Aug 14, 2023**

TO BE COMPLETED BY THE SCHOOL

Name of Child/Ward: _____

Parish/School: Holy Trinity Catholic School

Designated Supervisor of Activity: Bus Driver - Employee of Seton

Activity: Transportation between Seton Catholic and Holy Trinity

Description of Activity: Students will take the Seton bus from Seton Catholic to Holy Trinity in the morning and back in the afternoon.

Date(s) of Activity: August 16, 2023 - June 3, 2024

Time leaving Seton in the morning: student must be seated on the bus at 6:50 AM

Time returning to Seton in the afternoon: parents must pick up at 4:10 PM - NO aftercare is provided at Seton

Activity Fee: \$0

Lunch: n/a

Other Notes: Parents are responsible for providing transportation on days when Seton is closed, but HTCS is open

Uniform/Clothing: n/a

Transportation: X School Bus Contracted Bus Parent Cars Walk

I consent to the participation of my CHILD/WARD in the above named ACTIVITY. In consideration for my

CHILD/WARD's participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include Bishop of Charleston A Corporation Sole) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH/SCHOOL which relates to the above named activity if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

Parent/Legal Guardian Signature

Date

Phone Numbers: Home () _____

Work () _____

Address: _____

EMERGENCY INFORMATION

This information accompanies the teacher. Please be sure it is complete and accurate for this date.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____

Please furnish medical information about your CHILD/WARD which may be pertinent to his/her participation in the above identified ACTIVITY:

The information provided above is correct to the best of my knowledge.

Parent/Legal Guardian Signature

Date