



Saint Kilian Parish School

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724-625-1665
school@saintkilian.org – email

Cranberry Twp., PA 16066
724-625-1922 Fax
www.saintkilian.org

EDUCATIONAL OUTING PERMISSION FORM

NAME _____ AGE _____ GRADE _____ SEX F M

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

I/We, the parents or guardians of the above mentioned child, do hereby give permission for him/her to participate in _____ on _____, _____.

In consideration of the agreement of Saint Kilian Parish School to allow my child to participate in said activity, AND INTEND TO BE LEGALLY BOUND HEREBY, I agree to indemnify and hold harmless Saint Kilian Parish School, Mrs. Rosanne Kwiatkowski, School Principal, School Staff, School Assistants, the Roman Catholic Diocese of Pittsburgh, Bishop David A. Zubik, and his successors, and legal representatives against loss from any and all claims, demands and actions at any time brought by my child, or any acting on his/her behalf, for the purpose for enforcing a claim for damages because of any injury to my child as a result of or in any way related to his/her participation in the above mentioned activity.

I/We hereby authorize treatment of my/our child, a minor, by a licensed medical physician in case of any accident or illness that may arise, or any hospitalization necessary. I/We agree that in case of injury to my/our child, I/We will apply our hospitalization and/or accident insurance toward the payment of expenses incurred and will not look to Saint Kilian Parish School, or the Roman Catholic Diocese of Pittsburgh for the payment of any medical cost. IN WITNESS WHEREOF I/We execute this hold harmless and Indemnification Agreement the _____ day of _____, _____.

PARENT/GUARDIAN SIGNATURE _____ PARENT/GUARDIAN PHONE _____

INSURANCE COMPANY _____ POLICY NUMBER _____

NAME & PHONE OF EMERGENCY CONTACT IF PARENT/GUADIAN CAN'T BE REACHED _____