

## TRANSPORTATION CONSENT FORM

Permission Slip for: \_\_\_\_\_

Grade: \_\_\_\_\_

1. **Consent:** I grant permission for my child to travel with his/her coach to necessary **Montini Athletic Activities** that are to be held at **Pre-determined locations** during the school year of **2018-2019. UNLESS OTHERWISE NOTED THIS PERMISSION WILL BE GOOD FOR THE ENTIRE SCHOOL YEAR.**
  
2. **Student Cooperation:** My child agrees to abide by all the rules of aforementioned school and obey the staff in charge of this activity. The school will not be liable for my child's failure to cooperate and/or to abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the activity at my expense and without refund to me of the costs paid for the activity.
  
3. **First-Aid/Emergency Treatment:** I authorize the school, its employees and volunteers to administer first-aid to my child if the school deems it necessary and appropriate to preserve the life, limb or well-being of my child. I authorize the school to contact and engage medical personnel and arrange for emergency treatment of my child, including transportation for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. I agree that I am financially responsible for such medical treatment.
  
4. **Release:** I hereby release and discharge The Diocese of Rockford and its Bishop, the school, the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer while my child is attending and/or participating in the activity, unless the injuries or damage resulted from willful misconduct of the Diocese, the school or its employees.

**Date:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_