



Sacred Heart School
109 N. Manoa Road
Havertown, PA 19083

PERMISSION FORM
2015-2016

We, (I) as parent(s) or legal guardian(s) of _____
(Student's name)
give permission for our child to participate in C.A.R.E.S. Program.

This permission includes all related programs or events associated with the CARES Program. In consideration for our (my) child's participation, we (I) and our (my) child agree and understand that we assume the risks inherent in the CARES Program, and with full knowledge of the risks, we agree to release and hold harmless Sacred Heart School, Sacred Heart Parish, and the Archdiocese of Philadelphia and their employees and representatives, from claims arising or related to our (my) child's participation.

Our (my) child understands and agrees to abide by all rules and regulations established by the school pertaining to such Program.

We consent to and give permission for emergency medical care for our (my) child that maybe needed as a result of our (my) child's participation:

Insurance: _____

Group #: _____

ID #: _____

(Parent(s)/Guardian(s) Signature)

(Date)

(Parent(s)/Guardian(s) Signature)

(Date)