

HOLY SPIRIT SCHOOL
403 Scofieldtown Road
Stamford, CT 06903
(203)329-1623 FAX (203)595-0858

Holy Spirit School Permission Slip

, 2009

I/We the parent(s)/guardians(s) of _____ (name of child) who is a student at Holy Spirit School, Stamford, Connecticut, hereby grant permission for our son/daughter to go to _____

My(our) signature(s) on this permission slip is (are) proof of my (our) informed consent and acts to absolve Holy Spirit School, the Bridgeport Diocesan Schools Corporation, and the Diocese of Bridgeport of any liability associated with this activity.

This is also a statement that my(our) child(ren) is/are in good health and without any physical ailments that might be contraindicated by this type of activity.

I/We understand that the trip will be supervised by members of the faculty. All transportation will be on properly insured vehicles.

Name of Child

Parents' or Guardians' Name (PLEASE PRINT)

PARENTS'/GUARDIANS' SIGNATURE

I would like to chaperone Yes _____ No _____

Name _____ Phone Number _____