

# URSULINE

## HIGH SCHOOL

750 WICK AVENUE  
YOUNGSTOWN, OHIO 44505-2892  
(330) 744-4563  
(330) 744-3358 FAX

**Ursuline High School**  
**5<sup>th</sup> & 6<sup>th</sup> Grade Day**  
Registration/ Permission Slip

**Student's Name:** \_\_\_\_\_

**Current School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Parent Email** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Zip Code:** \_\_\_\_\_

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

I/we, the parent(s)/guardian(s) of \_\_\_\_\_ request that Ursuline High School allow my/our son/daughter to participate in 5<sup>th</sup> & 6<sup>th</sup> Grade Day at Ursuline High School on Friday, April 12, from 8:45am -2:00pm.

In consideration of the child being allowed to participate in the field trip, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with the field trip and I further release the Bishop of Youngstown, the Roman Catholic Diocese of Youngstown, Ursuline High School and the pastoral staff, employees, and volunteers thereof all claims, judgment, liability for any injury or damage that the child or his/her estate, myself or my spouse ever had, now has or may have due to the child's participation in the field trip, including all risks connected therewith whether foreseen or unforeseen.

I fully understand what is involved in the field trip, and I understand that I have the opportunity to call the teacher and ask him/her about the field trip.

**IN CASE OF AN EMERGENCY, I CAN BE REACHED AT:** \_\_\_\_\_.

**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_ **CELL** \_\_\_\_\_.

**Alternate Contact Person:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

(Over)

In the event that I cannot be reached, I grant permission to the adult supervisor to take whatever action is deemed necessary to see that my child receives the needed medical attention.

\_\_\_\_\_  
**Parent Signature**

**Name of child's physician:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

**Medical Insurance Plan:** \_\_\_\_\_

**Does your child have any known allergies?** \_\_\_\_\_