

“IN LOCO PARENTIS” MEDICAL FORM

I/we, authorize the Bishop Canevin High School staff, chaperone, or other responsible adult to take the student named below to a physician or emergency room of a hospital and to incur expenses for necessary services, and I/we realize payment of these costs is my/our responsibility.

Student Name _____

Name of Emergency Contact _____

Home Telephone _____

Work Telephone _____

Cell Phone _____

Family Physician Name _____

Physician Telephone _____

List Medications the student is taking _____

List any Other Medical Requirements _____

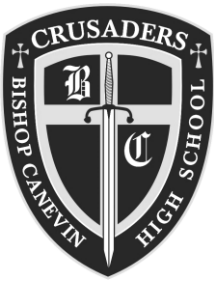
Insurance Company Name _____

Plan Number/Group Number _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Date _____



Bishop Canevin High School

2700 Morange Road
Pittsburgh, PA 15205
412-922-7400, FAX 412-922-7403

mainoffice@bishopcanevin.org
www.bishopcanevin.org

PERMISSION FORM

I / We, the undersigned Parent(s) or Guardian of _____
(print student name) (homeroom)
give my / our consent for my / our child to participate in the Junior Retreat at St. Paul Seminary sponsored by
Bishop Canevin High School on February 28th, 2020.

Students are permitted to dress in BC dress down clothes. Please see Student Handbook for guidelines.

Students will be walking to St. Paul Seminary.

Students will miss Periods 1-9.

Lunch will be provided. Please note if student has any dietary restrictions: _____

Students will return to Bishop Canevin at the conclusion of the retreat.

Mother Signature

Date

Father Signature

Date

Guardian Signature

Date

This Permission Form MUST be returned to Mr. Schlicht by February 28, 2020 in order for your child to participate in the above mentioned activity.