



**PARENTAL AUTHORIZATION,
CONSENT TO TRAVEL, MEDICAL CONSENT,
AND LIABILITY WAIVER**

I, _____ (Parent/Guardian) grant permission for my child,
_____ to attend the annual senior ski trip at Ski Apache in
Ruidoso, NM. This activity will take place under the guidance and direction of
employees and/or volunteers from Holy Cross of San Antonio.

THE FOLLOWING INFORMATION IS NECESSARY FOR ALL TRAVELERS

DATES OF TRIP: March 6, 2020 to March 9, 2020

STUDENT: _____

ADDRESS: _____

DATE OF BIRTH: _____

NAME OF PARENT/GUARDIAN:

DAYTIME PHONE #: _____

CELL PHONE #: _____

EVENING PHONE#: _____

IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I REQUEST THAT THE SCHOOL CONTACT ME. IF THE SCHOOL IS UNABLE TO REACH ME, I HEREBY AUTHORIZE THE SCHOOL TO CALL ONE OF THE FOLLOWING PERSONS:

1. NAME AND PHONE #: _____

2. NAME AND PHONE #: _____

3. NAME AND PHONE #: _____

**** IT IS IMPERATIVE THAT THE EMERGENCY CONTACTS KNOW THE LOCATION OF STUDENT'S PARENTS DURING THE TRIP.**

NAME OF INSURANCE COMPANY THAT COVERS STUDENT (INCLUDE PERSONAL HEALTH NUMBER. A COPY OF YOUR INSURANCE CARD MUST ACCOMPANY THIS CONSENT FORM):

PHYSICIAN'S NAME AND PHONE #:

PLEASE LIST ANY RECENT OPERATION, ACCIDENTS, AND ILLNESSES:

PLEASE LIST ANY ALLERGIES:

PLEASE LIST ANY MEDICATIONS:

As the parent/guardian of said minor, I do hereby authorize an adult representative of Holy Cross of San Antonio to sign any medical release or make any decisions recommended by a physician attending my child in the event of an accident. In addition, I authorize members of the ski area's medical staff to administer first aid to said minor in the event of an accident occurring on the slopes. I understand the risks inherent in the sport of skiing and agree to be responsible payment for all expenses incurred. It is understood that his consent is given in advance of any accident or illness that requires diagnosis and treatment and is given to authorize physicians to use their best judgment and to proceed immediately with necessary treatment; and I do hereby agree and indemnify and save harmless Holy Cross of San Antonio and any representative from any claim by any person whomsoever on account of such care and treatment of my child.

SIGNATURE OF PARENT

DATE

STATE OF TEXAS

COUNTY OF BEXAR

Before me, a notary public, on this day personally appeared _____ parent/guardian of _____, known to me to be the person whose name is subscribed to the foregoing document and being by me duly sworn, acknowledges that he/she has read and understands the above document, executed for the purposes and consideration therein expressed.

Sworn to and subscribed before me on this _____ day of _____ in the year _____

NOTARY PUBLIC'S SIGNATURE