



# Mercy High School San Francisco

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**A College Preparatory High School for Young Women**

## Parent/Guardian Permission Form for Field Trips for Skipper Camp 2011

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_

I hereby request that my daughter, \_\_\_\_\_, attend the field trips to:

Wednesday, June 22: SF Zoo; Thursday, June 28: Sea Bowl;

Thursday, June 30: SFFD Firehouse; Wednesday, July 6: Pasquale's Pizzeria

All field trips will leave Mercy at 9:30am return to Mercy by 2pm each day

**Transportation to all field trips will be by a chartered CYO bus.**

*Mercy High School and staff members are hereby released from any and all liability arising from such activity as consideration for allowing said student to participate therein.*

### Contact Person Information:

Mother \_\_\_\_\_

Father \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Pager/Cell Phone: \_\_\_\_\_

### Authorized Persons To Pick Up Your Daughter and Emergency Information:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Pager/Cell Phone: \_\_\_\_\_

Pager/Cell Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy No. \_\_\_\_\_

Allergies: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Call 911 for Assistance \_\_\_\_\_ Personal Physician: \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*Where young women prepare to make a difference in the world*

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