



BISHOP CONATY-OUR LADY OF LORETTO HIGH SCHOOL

A Comprehensive College Preparatory Catholic High School
2900 West Pico Boulevard, Los Angeles, California 90006-3802
Telephone 323-737-0012 • Fax 323-737-1749
www.bishopconatyloretto.org

AFTER SCHOOL TUTORING PERMISSION FORM

STUDENT NAME: _____ **DATE:** _____

My daughter, (name) _____, has requested to be tutored after school on (days/dates) _____
_____ from (time) _____ to _____.

Please sign below if you grant your daughter permission to remain after school for this tutoring session.

I understand that my daughter must abide by the rules and regulations of both Bishop Conaty-Our Lady of Loretto High School. Failure to abide by them will result in disciplinary action

As a condition of being allowed to do so, I hereby release and discharge the school and its employees from any and all claims for personal injuries or property damage that my daughter may suffer as a result of participation in the tutoring described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the school and its employees. Should it be necessary for my daughter to have medical treatment while participating in this tutoring, I hereby give the school personnel permission to use their judgment in obtaining medical service and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that my insurance benefits that are effective have limited application.

Your daughter must leave campus immediately after the tutoring session ends. Please also indicate below the means of transportation that will be used upon dismissal. It is extremely important that you make arrangements to pick up your daughter on time for all functions. Thank you.

- _____ I will pick my daughter up at the end of the activity.
- _____ My daughter will take the bus home.
- _____ My daughter will drive herself home.
- _____ My daughter will carpool home with _____ (Name)
- _____ My daughter will walk home.
- _____ Other. (Please specify.) _____

Sincerely,

Supervising Teacher/Staff Member

Parent/Guardian

Date

Home / Cell Phone

Work phone

Other Emergency Contact & Phone Number