

NOTRE DAME HIGH SCHOOL PERMISSION SLIP

I/we, the parent(s) / guardian(s) of _____ request that the school allow my/our daughter to participate in the following activity:

Activity:	Senior Overnight Retreat	
Place:	Pt. Montara Light House Hostel 16th Street and Highway 1 Montara, CA 94037 (650) 728-7177	
Date & Time:	Wednesday, January 20 – Friday, January 22, 2010 (3:00pm on Wednesday – 3:00PM on Friday)	
Transportation:	Faculty Driven School Vans	
Student's name:		
Parent/guardian's name:		
Home telephone:		
Mother's work telephone:		
Father's work telephone:		
Parents' E-mail		
Educational purpose of the Field Trip/Activity:	Senior Overnight Retreat- a time for reflection, bonding, and fun!	

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I/we, the parent(s) / guardian(s) of the above named student, hereby give my/our permission for my/our daughter's participation in the activity named above. I/we agree to direct her to cooperate and conform with the directions and instructions of Notre Dame High School personnel responsible for the activity.

I/we agree that in the event my/our daughter is injured as a result of her participation in the above named activity, including transportation to and from the activity, whether or not caused by negligence (active or passive) of the school, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I/we am/are not aware of any medical condition of my/our daughter which would render it inappropriate for her to participate in any such activity.

I/we hereby give permission to the physician named on this form to render medical treatment deemed necessary and appropriate by the physician.

SIGNATURE (Parent / Guardian)	
DATE	

-OR- I am/we are, the parent(s) / guardian(s) of the previously named student, do not want her to attend the named activity. (Please circle this sentence if you do NOT want your child to attend the activity.)

Allergies and Medication

ALLERGIES	
MEDICATION BEING TAKEN	

WHO IS TO ADMINISTER MEDS	
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EMERGENCY INFORMATION

Name of Student (Last, First, Initial)	
Address:	
Home Telephone:	
Mother/guardian's Cell:	
Father/guardian's Cell:	

In the event of an emergency, please contact the following:

Name:	
Address:	
Telephone: (list all numbers)	
Relationship:	

Name of Physician:	
Address:	
Telephone:	

In the event the school is not able to reach the above named persons, I give my permission to the coach, instructor, administrator, or retreat personnel to contact an ambulance.

_____ Yes _____ No

Signature:	
Relationship:	
Date:	

To hold your space, turn permission form and check for \$100.00 to Campus Ministry today!