



Shadow Day Permission Form and Release

Date: _____ Arrival Time: _____ Departure Time: _____

Method of Transportation: _____

Bring a bagged lunch, or enjoy a complimentary lunch on us!

Parent / Guardian: Retain this section for your information.

Return bottom portion of this form for school use.

Student Name: _____ Grade: _____

In consideration of the learning experience in which the student will participate, I as parent/guardian of the student listed above do hereby agree to allow the student to participate in and attend on (date) _____.

I acknowledge receipt of accompanying information regarding rules, responsibilities, and expectations.

In consideration of the opportunity for the student to participate in this shadow visit, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St. Maria Goretti Catholic High School, its administration, faculty, and staff from any liability, claims, demands, and causes of action arising out of or relating to any loss, damage, or injury sustained in connection with or arising out of the student's participation in this shadow visit.

I hereby grant the school permission to obtain medical care from a licensed physician, hospital, or medical clinic for the student, in the event that I cannot be reached.

Check one of the following:

_____ The student is covered by hospitalization and medical insurance under

Policy # _____ issued by _____

_____ The student does not have medical coverage and I will assume responsibility for any costs associated with hospitalization and medical care for the student.

Parent / Guardian Name: _____

Phone: _____

Parent / Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____