

SAINT VIATOR HIGH SCHOOL
SHADOW DAY PERMISSION FORM

STUDENT NAME: _____

GRADE SCHOOL: _____ YEAR IN SCHOOL _____

STUDENT HOST/YEAR: _____ DATE OF VISIT: _____

DIRECTOR OF RECRUITMENT: **MR. BILL SANFORD – EXT. 256**

PARENTAL PERMISSION AND EMERGENCY TREATMENT RELEASE

My child has permission to visit Saint Viator High School (herein after referred to as the “School”) for the purpose of recruitment. The undersigned hereby releases the School, its employees and volunteers from any and all liability arising as a result of my child’s participation in this trip.

As a parent and/or guardian, I do hereby authorize the treatment by a qualified and licensed physician of my child named above in the event of a medical emergency which, in the opinion of the attending physician, may endanger the child’s life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will and voluntary act for the sole purpose of authorizing medical treatment under emergency circumstances in the event of my absence.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____

Address/City/Zip _____

Home phone (____) _____ Work Phone (____) _____

Where I can be reached on Shadow Day: (____) _____

Family Physician _____ Phone (____) _____

Allergies, illnesses or other conditions _____

Medical Insurance Company _____ Policy No. _____

Other contact in case of emergency:

Name _____ Phone (____) _____

**** Shadows must dress in Saint Viator Dress Code ****