



SHADOW VISIT PERMISSION FORM AND RELEASE

Shadow Visit to St. Maria Goretti High School

Date: _____ Arrival time: _____ Departure time: _____

Method of Transportation: _____

Lunch will be provided.

Parent/Guardian: Retain this section for your information.



Return bottom section 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 the **Shadow Visit at St. Maria Goretti High School** 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 IDEMNIFY St. Maria Goretti 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 permission 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 to hospitalization and medical care for the student.

Parent / Guardian Name: _____

Home Phone: _____ Work Phone : _____ Cell Phone: _____

Parent / Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

"Together we can grow Catholic education in our community"

1535 Oak Hill Avenue, Hagerstown, MD 21742 • 301-739-4266

www.goretti.org