

**Collegiate Academy Senior Days, May 31 and June 1  
Permission Slip**

Student Name: \_\_\_\_\_

Homeroom: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name of parent or legal guardian: \_\_\_\_\_

**Student Consent:**

I, \_\_\_\_\_, agree to abide by the Collegiate Academy guidelines. I am aware that I represent the Collegiate Academy and will conduct myself according to all school policies. I also understand that Collegiate Academy reserves the right to search all suitcases, book bags, purses, etc.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent / Guardian Permission**

\_\_\_\_\_ has my permission to attend "Senior Days" on May 31 and June 1, 2018. I hereby waive any claim against Collegiate Academy, its representatives, agents, or chaperones for any loss, injury, or liability, which may arise as a result of my child's participation in this activity.

I understand that my child's ability to participate in Graduation on June 9th will be in jeopardy if my child engages in any inappropriate behavior while participating in senior days.

I understand that a team of teachers will chaperone the 24-hour event.

The students will leave Collegiate Academy at 9:30 Thursday morning, travel via bus to Camp Notre Dame, and leave the camp at 9:00-9:30 am Friday morning, returning to school by 9:30-10:00am. Parents should be at the school to pick up their students at that time.

Signature of parent / guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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**Please complete important medical information on the back of this sheet.**

### Insurance and Medical Information

I understand that the NPCA does not provide any accident or health insurance coverage for my child and fully understand that it is my responsibility to provide coverage for my child.

Signature of Parent / Legal Guardian \_\_\_\_\_ Date : \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group ID \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Phone # in case of emergency: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency contact (name) \_\_\_\_\_ (phone #) \_\_\_\_\_

Please list any medical conditions that we need to be aware of \_\_\_\_\_

Please list any necessary medications here \_\_\_\_\_ Dosage \_\_\_\_\_

Please bring necessary prescription medications with you.

Check here to give permission for your child to take aspirin, Advil, Tylenol, or Pepto-Bismol: \_\_\_\_ yes \_\_\_\_ no

**Student Name: (last, first)** \_\_\_\_\_

**ALL SLIPS SHOULD BE RETURNED BY MONDAY, MAY 28**