



Consent by Parent(s) or Guardian(s)

The undersigned represents that (he, she, they is/are) the parents(s) or legal guardian(s) of – _____ a student at Visitation Academy, and hereby gives permission for the said student to attend and participate in the following field trip/activity conducted by Visitation Academy.

- Date:
- Activity:
- Place:
- Chaperones:
- Transportation:

Dietary Concern:

Furthermore, the undersigned do(es) expressly stipulate and agree to indemnify and hold harmless Visitation Academy and any person, firm or corporations liable on its behalf against any losses, including legal fees and costs and expenses, on account of any action brought against it by the said student’s behalf, as a result of any accident or injuries incurred by said student arising out of or occurring during said field trip/activity.

In case of emergency, accident, or sudden illness and we, the (parent/guardian) cannot be located, Visitation Academy has our permission to send our daughter to the emergency room of the nearest hospital.

Parent(s) or Guardian(s) Signature(s) **Date**

Overnight Retreat Medication Form

My child is to receive the below medication according to the physician’s directions for the following reason:

Medication: _____
Dose: _____ Time Interval: _____

Medication: _____
Dose: _____ Time Interval: _____

I give my permission for my child to self-administer the above medication while on retreat.

My child (circle one) does/does not have drug allergies.

If yes, please specify:

Parent Signature: **Date:**