

SCHS Parent / Guardian Permission Slip for Community Involvement Day 2010

On **Wednesday, October 6, 2010**, Skutt Catholic students and faculty will again participate in Community Involvement Day. As a wonderful tradition, students go out into the community to learn about people and agencies that are serving others, and then provide service themselves. The students will go with their advisement and faculty/staff member or parent volunteer to Head Start programs, nursing homes, sites for the disabled, and many other locations, transported by parents, faculty members, or other adults. Please sign and return the consent form and liability waiver below to your student's advisor by Thursday, Sept. 23rd. This form can also be found online at www.skuttcatholic.com.

PARENTS: If you are willing and available to help drive the students in your son / daughter's advisement either one way or both ways, please check below or contact your advisor. The times are approximately 8:25am (beginning with a meeting with Patrick Slattery in the Media Center), and 1:15pm leaving from the site. You are also welcome to stay with the advisement and serve at the site. Thank you for your help and prayers for a successful and rewarding day.

Student's Name: _____ **Advisor** _____

Parent / Guardian's Name: _____

Home Phone: _____ **Secondary Phone:** _____

(Please circle: Cell Phone, Business Phone, Other)

I hereby consent to participation by my child, _____, in this school-sponsored event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from Skutt Catholic High School. A brief description of the activity follows:

Activity: Community Involvement Day

Destination of Event: Various local service sites

Date and Departure Time: Wednesday, October 6, 2010, 8:45am approximately (parent driver meeting at 8:25am)

Anticipated Return Time to Skutt Catholic: 1:40pm (approximately)

Method of Transportation: Vehicles of parents, faculty members, other adults

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Skutt Catholic High School, its officers, directors and agents, and the Archdiocese of Omaha, chaperones, or representatives associated with the event, from any illness, injury, or cost of medical treatment, arising from or in connection with my child attending the event described above, that is not the result of intentional neglect or willful or wanton misconduct by the school, its agents, representatives or employees.

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Guardian Signature

Date

___ **YES, I want to help make CID very successful! I am able to help drive: (Your student's advisor will contact you with the details.)**

___ **Morning (approx. 8:25am beginning with parent meeting)** ___ **Afternoon (approx 1:15pm)** ___ **Both**

___ **# of seatbelts for students in my vehicle**

Email address: _____

___ **If my student's advisement group has enough drivers, I would be willing to drive for another advisement.**

FOR THE STUDENT: I am a representative of V.J. and Angela Skutt Catholic High School. I will conduct myself in a manner which will reflect a positive image of myself and the school.

Student's signature _____ **Date** _____ **Advisor** _____

Please note any special medical concerns on the back of this form.

PLEASE RETURN TO YOUR STUDENT'S ADVISOR BY Thursday, Sept. 23, 2010.