

# St. Vincent Pallotti High School

113<sup>th</sup> St. Mary's Place

Laurel, MD 20707

301-725-3228

## **Permission Form and Release**

Name \_\_\_\_\_ Cell Phone (if any) \_\_\_\_\_

Parent name \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

In consideration of the wholesome recreational and learning experience in which my son/**daughter**

\_\_\_\_\_ will participate, I as parent or guardian of my son/  
daughter do hereby agree to allow my son/daughter to accompany the campus minister, Nancy Vawter and her  
husband, Michael Vawter to Rome, , Assisi and the Amalfi Coast of Italy.

Students will travel by \_\_\_\_ Plane, train, bus, rental car \_\_\_\_ on Nov 4-11 (dependent on confirmation of flight  
plan.

In consideration of the opportunity for my son and daughter to participate in, I agree to RELEASE AND HOLD  
HARMLESS AND INDEMNIFY St. Vincent Pallotti High School, employees and servants from any liability,  
claims, demand and causes of action arising out of my son/daughter's participation in the program.

I hereby grant permission from Nancy and Michale Vawter to obtain medical care from a licensed physician,  
hospital, or medical clinic for my son/**daughter** in the event that I cannot be reached.

Check one of the following:

- ☐ I am covered by hospitalization and medical insurance under policy # \_\_\_\_\_
- ☐ I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care  
for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter  
(Circle all that apply)

Tylenol    Benadryl    Advil    Sudafed    Midol    Kaopectate    Neosporin

Add any other medical information concerning medication, allergies, dietary restrictions, illness, etc.  
Eczema, peanut/tree nut, peanut butter, shellfish allergies

Signature of Mother \_\_\_\_\_

Signature of Father \_\_\_\_\_

Date \_\_\_\_\_ Signature of Notary \_\_\_\_\_