St. Vincent Pallotti
Print and fill.
Do not fill online.

Student Name_Elroy Douglas

Parent Name Nicola Douglas

Emergency Contact Name and contact Elroy Douglas 2406946247

In consideration of the wholesome recreational and learning experience in which my son/daughter ___Son EJ will participate in the Sophomore Service Day**.**

My child will serve at _____ on _____from 7:45 to 2:30 _____.

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

I hereby grant permission to any staff person 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, illness, etc.:

Add any dietary restrictions:

Date:-------10/14/2026----------

Parents Signature: NDouglas