

LOYOLA CATHOLIC SCHOOL PERMISSION SLIP AND RELEASE OF LIABILITY

I/We, the parents or legal guardians of _____, request that our student be allowed to participate in the event described below. This activity will take place outside the regular school day in the Lower Campus gym and will be supervised by employees of Loyola Catholic School and/or volunteers arranged by the advisor organizing the activity. All of the rules and regulations contained in the Student-Parent Handbook are in effect. Students who violate the rules subject themselves to the stated consequences and, if necessary and appropriate, may be sent home.

Event: **STUDENT COUNCIL FALL DANCE**
NEON THEME (wear neon clothing)

Advisors in Charge: **Mrs. Coudron and Mrs. Ellingworth**

Date: **Friday, November 17, 2017**

Time: **7:00 – 10:00 PM**

Place: **Loyola Upper Campus Gym**

Student Cost: \$7.00

In case of medical emergency, please get the necessary medical attention and contact me at the following number(s): _____/_____.

If unable to reach me at this number, please call _____ at this alternate number: _____.
(Emergency Contact Person)

I/We give permission for our student to participate in this activity. In consideration for the work done in arranging this activity, we hereby release and hold harmless the school and its agents of any liability.

(Signature of Parent or Legal Guardian)

(Date)

***Please sign and return this permission slip by : Wednesday, November 15, 2017**

IF YOU WOULD LIKE TO CHAPERONE, PLEASE CONTACT MRS. COUDRON or MRS. ELLINGWORTH TO VOLUNTEER:

hcoudron@loyolacatholicschool.org mellingworth@loyolacatholicschool.org

You need to be VIRTUS trained to chaperone and have passed a volunteer background check.