

OVERNIGHT TRIP PERMISSION SLIP

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in a non-school-sponsored activity that requires transportation to a location away from the school site. This activity will take place under the guidance and supervision of volunteers. A brief description of the activity follows:

Group: University of Mary Campus Tour **Destination:** Bismarck, North Dakota

Designated Supervisor: Mary Jo Feltl 952-270-1865

Date and time: Leave at 7AM Sunday October 29th and return 30th late evening
Mass will be at 8PM on campus.

Bring: Nothing required, meals and hotel will be provided.

Method of transportation: Coach Bus **Cost:** \$0

Medical Information:

My student, _____, has the following medical problems that you need to be aware of during the activity:

He/she will be on the following medication during the activity:

LIABILITY RELEASE:

IF YOU WOULD LIKE YOUR TEEN TO PARTICIPATE IN THIS EVENT, PLEASE COMPLETE, SIGN, AND RETURN THE FOLLOWING STATEMENT OF CONSENT AND RELEASE OF LIABILITY. AS PARENT OR LEGAL GUARDIAN, YOU REMAIN FULLY RESPONSIBLE FOR ANY LEGAL OR FINANCIAL RESPONSIBILITY FOR YOUR STUDENT.

I HEREBY CONSENT TO PARTICIPATION BY MY STUDENT,

Name _____ Contact Information
Cell _____

Area of interest or major _____ Email _____

Signature
Parent/Guardian _____ -

Emergency Number: _____

Address: _____

If student and parent are participating they will share the hotel room. If student only is on the trip we will make the best effort to place students together with their friends at the hotel.

Please list any students that would like to room together:

DEADLINE: ASAP: NO STUDENT WILL BE ALLOWED ON TRIP WITHOUT THIS SIGNED PERMISSION SLIP