



Fairfield College Preparatory School

A Jesuit, Catholic School of Excellence

PARENTAL PERMISSION FORM FOR Fairfield Prep Leadership Workshop/Retreat

Student Name: _____ **Summer E-Mail:** _____

Student Cell Phone: _____

Location: Fairfield Prep (morning) and Adventure Park at the Discovery Museum (afternoon)

Date: Wednesday, August 14 from 9:30am-5pm

Chaperones: Mr. Ford, Mr. Gualtiere, and more TBD

I hereby authorize the group leaders to give permission to a physician or hospital to administer emergency medical care in the event that I cannot be reached at the telephone numbers listed below. I also authorize the group leaders to take whatever steps that are deemed necessary for the welfare of my son. I understand that in any emergency every effort will be made to contact me.

I realize that Fairfield College Preparatory School acts as an agent only and accepts no responsibility for loss, damage, or injury resulting from delay or any kind of negligence of any transportation company, or any other agency in the service of the Prep. I also agree to assume responsibility for any and all debts that my son incurs during the trip including the cost of any long distance phone calls made by the group leaders on his behalf.

I hereby indemnify Fairfield College Preparatory School, its agents and employees, and hold them harmless for any liability which my son personally incurs or injury or damage to the person or property of others which he causes or contributes to while participating in the program.

Please list a telephone number where you may be reached in the event of an emergency.

Name of your son's physician and telephone number.

Please list your insurance company and policy number.

Please list any medications that your son is taking.
