

**ST. PAUL'S SCHOOL FOR GIRLS  
PARENTAL PERMISSION/LIABILITY RELEASE AND STUDENT AGREEMENT  
FOR OFF-CAMPUS TRIPS AND ACTIVITIES**

*To Be Completed By School Personnel:*

Activity/Trip: **Grade 10 Fall Retreat**

Location: **Camp Airy, Cascade, MD**

Date and Time of Departure: **Wednesday, September 22, 2021 8:00 A.M.**

Date and Expected Time of Return: **Friday, September 24, 2021 2:30 P.M. (Approximately)**

Means of Transportation: **Bus**

Activity/Trip Leaders:

**10th Grade Co-Deans: Aerie Treska and Jamie Louzan**

**I. Parental Permission and Liability Release**

Student's Name: \_\_\_\_\_ has my permission to participate in the St. Paul's School for Girls off-campus activity/trip described above. I fully understand and expressly assume the risks involved in this activity/trip, including that of transportation to and from the site and those associated with participating in any and all activities throughout. I hereby release and hold St. Paul's School for Girls and its employees harmless from any and all liabilities, actions, and damages arising primarily from the actions or omissions of any person or entity other than St. Paul's School for Girls or its paid employees acting within the scope of their employment.

**II. Pertinent Medical Information**

Student's Birth Date: \_\_\_\_\_ Date of Last Tetanus Toxoid Booster: \_\_\_\_\_ Pertinent Medical Information (including allergies, physical limitations, special medications): \_\_\_\_\_

**III. Authorization to Treat a Minor**

In the event that my daughter, a minor, becomes sick or is injured, I do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff of any licensed hospital or medical facility in Maryland or any other state. It is understood that this authorization is given to provide authority and power to render care which the aforementioned physician or medical practitioner in the exercise of his or her best judgment may deem advisable. It is understood that a reasonable effort shall be made to contact the parent, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Parent's or Legal Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Phone numbers (home, work, car, pager) where parents can be reached: \_\_\_\_\_

\_\_\_\_\_

**IV. Student Agreement**

I have read the accompanying description of this activity/trip. I understand and agree to support the rules, standards, and guidelines that apply to my participation.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Revised 9/22/98