

MOUNT SAINT DOMINIC ACADEMY

PARENT PERMISSION FORM FOR ACTIVITY PARTICIPATION

Dear Parent or Legal Guardian:

Your daughter is eligible to participate in a school-sponsored activity. The activity will take place under the guidance and supervision of employees of Mount Saint Dominic Academy. A brief description of the activity follows:

Name of Event: **The Class of 2026 Lock-In Event**

Place: **Athletic Center**

Designated Supervisor of Activity: **Mrs. Melissa Giampapa**

Date and Time: **Friday, October 28th 6:30pm-11:00pm**

Student Cost: **\$15.00**

Please complete, sign, and return the following statement of consent and release of liability by Tuesday, October 11. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my daughter _____ in the event described above. I understand that this event will take place at the school and that my daughter will be under the supervision of the designated school employee on the stated date. I further consent to the conditions stated above on participation in this event.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

Phone number at which you can be reached during the night

If there is any medical condition of which we should be aware or if your daughter is taking any medication please indicate below.

Medical Information: