

# SMA Student Fundraiser and Spirit Walk

# PARENT PERMISSION FORM

I give \_\_\_\_\_ permission to  
(Student's Name)

participate in the SMA Student Fundraiser Spirit Walk at St. Mary's Academy.  
(Activity)

Cost per student: none

TA: \_\_\_\_\_  
(all groups will have multiple adult escorts)

Trip begins: time 11:00 am date October 17, 2024

Trip ends: time 1:00 pm date October 17, 2024

Transportation: walking from SMA, to Waterfront Park, to the Esplanade and home to SMA

Return this completed form on or before Thursday, October 17, 2024

Should an accident or other medical emergency occur during the trip or activity, and the responsible leader is unable to reach a parent or guardian for medical authorization, I hereby give my consent for the responsible leader to authorize necessary hospitalization or treatment, including injections, anesthesia, surgery, and medication.

I agree to be responsible for all debts not covered by the school which are incurred by the student during the trip or activity, and for all the expenses not covered by insurance that are incurred as a result of any accident, illness, or medical emergency involving the student.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Address, City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_