Please return this signed permission slip to the Main Office with your STSE registration form as soon as possible, but no later than February 20, 2026

After you've filled out a PDF form in Preview, choose Print from the File menu and then use the dialog box's PDF option to save it to a PDF.

COR JESU ACADEMY STUDENT PERMISSION

I/We, the parent(s)/ guardian(s) of_____ request that the
(STUDENT'S NAME)
school allow my/our daughter to participate in the **Summer Therapy Services Experience** from June 1-5 2026. In consideration for the making of the arrangements for this trip, we hereby release and save harmless Cor Jesu and all its employees from any and all liability arising to my/our daughter as a result of this activity/trip.

PLEASE INITIAL THE APPROPRIATE LINES AND SIGN ACCORDINGLY.

- ☐ **A. I/We give permission for my/our daughter to go by bus.**
- ☐ **B. I/We give permission for my/our daughter to be chauffeured in a car by a student.**
- ☐ **C. I/We give permission for my/our daughter to be chauffeured in a car by an employee of Cor Jesu and/or an employee of the corporation she is visiting.**
- ☐ **D. I/We give permission for my/our daughter to drive and/or chauffeur students for the activity named above.**

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Remarks: _____

Allergies: _____

Other Conditions: _____

Local Physician's Name _____

Address _____

Office Telephone No. _____ Other Telephone No. _____

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NOTE: BOTH PARENTS/GUARDIANS MUST SIGN.

_____ (PARENT/GUARDIAN)

_____ (OTHER PARENT/GUARDIAN)

Home phone # _____ Work phone # _____

Emergency # _____ Cell phone # _____