**Sophomore Service Retreat**

***Student last names A-L***

Dear Parent or Legal Guardian,

Your son, or individual under your guardianship, is eligible to participate in a school sponsored activity that requires transportation to a location away from O’Dea High School. This activity will take place under the guidance and direction of school employees from O’Dea High School. The activity is as follows:

**Event:** *Sophomore Service Retreat*

**Destination:** Varied locations provided by Catholic Community Services

**Individual in charge:** Ms. Curl

 **Date of activity:** Tuesday, October 11th

**Date & time of departure from O’Dea:** Tuesday, October 11th *at 8:15 AM.*

**Date & time of return to O’Dea:** Same day at approx. 2:20 PM

If you desire your son, or individual under your guardianship, to participate in this retreat/field trip, please complete, **sign and return the following statement of consent and release of liability.** As parent and/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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*student’s name*), my son, or individual under my guardianship, in the field trip described above. I fully understand that this field trip will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this field trip, including the O’Dea bus transportation.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(PRINT parent’s name)**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Parents’ signature)**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Date)**

EMERGENCY INFORMATION

SCHOOL O’Dea High School GRADE 10 BIRTH DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCTOR’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE ( )

DOCTOR’S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF INJURY OR ILLNESS, CONTACT (name & phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF CANNOT BE REACHED, CONTACT (name & phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IDENTIFY ACTIVITIES THAT YOUR SON SHOULD NOT PARTICIPATE IN:

THE FOLLOWING ARE SPECIAL CIRCUMSTANCES REGARDING MY SON THAT YOU SHOULD BE AWARE OF: