



St. Gerard CHS: Shadow Day Release



**THIS FORM MUST BE FILLED OUT AND RETURNED
TO STG THE DAY PRIOR TO SHADOWING**

Parent/Guardian:

This is to certify that we permit our son/daughter, _____ [Print Name]
to attend a SHADOW DAY at St. Gerard Catholic High School on _____ [Date] from 8 a.m.-3 p.m.

We do hereby release St. Gerard Catholic High School and its agents from any liability in the event for any accidental injury to our son/daughter. We understand that our son/daughter is responsible for his/her own actions and must adhere to the policies and guidelines in the Student/Parent Handbook (available in the School Office and on-line) while a guest at St. Gerard Catholic High School.

If, in the judgment of any representative of St. Gerard Catholic High School, my son/daughter needs immediate care and treatment as a result of any injury and/or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to my son/daughter by any physician, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless St. Gerard Catholic High School and any school representative from any claim by whomsoever on account of such care and treatment of my son/daughter listed above.

Print Parent or Guardian Name

Date

Signature of Parent or Guardian

Date

Please check if your child is allowed to eat lunch provided at our campus.

_____ Name of person picking student up if not Parent/Guardian

Home Campus: _____

This is to certify that an administrator at the home campus has been notified of this Shadow Request and will complete the form per their campus decision. Please fill out the information below and sign.

Permission is / is not granted to attend a Shadow Day at St. Gerard Catholic High School.

Signature of Home Campus Representative

Title

Date

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