

# PERMISSION SLIP FOR FORM III RETREAT

Dates: Departing **September 30<sup>th</sup>** (around 9:00 am)  
Returning **October 2<sup>nd</sup>** (between 2:00 and 3:00 pm)

Location: Indian Head Camp, Honesdale, PA 18431

Leaders: Nick Soodik and Whitney Davidson (Form III Deans)  
Elijah Sivin and Kristy Raska (Deans of Student Life)

**Please return this permission slip and the waiver with a \$240 check to cover transportation, meals, and activities at Indian Head.**

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I (the parent/guardian) grant permission for my child to participate in this retreat that requires transportation to a location away from school. This activity will take place under the guidance and direction of the Form III Deans, Deans of Student Life, and faculty advisors.

I understand that as a parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, and my child, to hold harmless the school, its teachers, administrators, chaperones, or representatives associated with this event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith. I understand that all school rules apply for the duration of the event and that my child may be sent home early, at the family's expense, for the violation of these rules.

Student Name (please print): \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

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

**If there is other significant emergency information, dietary restrictions, or other information that the chaperones should be aware of, please indicate it here:**

**Fill out the waiver below only if you will need us to dispense medication to your child:**

*I hereby grant authority to the Deans of the Class of 2014 to hold the following medication:*

\_\_\_\_\_ *so my child may administer it to themselves on the following schedule:* \_\_\_\_\_.

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