

NORWALK CATHOLIC SCHOOL
PARENTAL CONSENT TO PARTICIPATE IN
MAKE-A-DIFFERENCE DAY

On Wednesday, November 8 the students of St. Paul High School and NCS Junior High will have the opportunity to participate in a variety of service projects around the Norwalk community. Students will work in groups and walk and/or be transported by bus to the different sites. **Much of the work will be done outdoors, so it's important that each student dress according to the weather and/or job.** Students at outdoor sites are also asked to bring gloves and rakes that are clearly labeled with their name.

In addition, please fill out the permission slip and emergency medical information below. These will be carried with the faculty group leader. **THIS FORM MUST BE TURNED IN TO STUDENT'S RELIGION/THEOLOGY TEACHER BY FRIDAY, OCTOBER 27.**

I, the undersigned, am a parent/legal guardian of _____, a student at Norwalk Catholic School. I hereby give my permission for said child to participate in Make-A-Difference Day, an off-campus day of service, on Wednesday, November 8, 2017..

I understand that Norwalk Catholic School does not purchase or have medical/dental/hospitalization insurance to cover injuries or loss of life of pupils or to indemnify parents for any expenses. Such insurance must be provided by the parent or guardian.

I understand that all persons participating in Make-A Difference Day shall be deemed to have waived all claims against the school and district to injury, accident, illness, or death. I release the School and the Diocese of Toledo, and all associated persons from any claims in consideration for the opportunity to participate in this event. I am fully aware of all school policies as outlined in the student handbook and support these policies. My child will abide by these policies and is aware of the consequences should an infraction occur during this event.

I consent to the participation of the above named student in Make-A Difference Day. I also agree to emergency medical treatment as deemed necessary by the physicians designated by school authorities.

Parent/Guardian signature: _____ **Date:** _____

Parent/Guardian phone (Home): _____ **(Work):** _____ **(Cell):** _____

In the event that I am not available in an emergency, please contact:

Name: _____ Phone (H) _____ (W) _____ (C) _____

Doctor's Name: _____ Doctor's phone: _____

Please circle one: I DO DO NOT give permission to give my child Tylenol/Advil if needed.

Please provide the following information:

→Allergies: _____
STUDENTS WITH INHALERS SHOULD CARRY THE INHALER WITH THEM.

Physical limitations: _____

Other pertinent information: _____