Senior Class-First Day of School

Class of 2024

First Day of School-Overnight Retreat

Date: Monday, July 31st -5:45 p.m. *(Report Time)*

Tuesday, August 1st -10:00 a.m. *(Dismissal)*

This is the Senior First Day of School. Students will participate in an overnight retreat at SGHS.

Cost : $20.00 *(For meals and snacks)*

Cash or check made payable to St. Genevieve High School

What to Bring: A sleeping bag, pillow, toothbrush, toothpaste, any medicine...wear comfortable clothing. Permission slip is required.

Who will be Present?
School Leadership and Staff as well as campus safety officers.

Will Food be Provided? Yes. A later dinner the first night as well as breakfast in the morning after the first night. Students should eat prior to arriving at 5:45 p.m. since the dinner will be late. Snacks will also be provided. Students should also bring a refillable water bottle.

PERMISSION SLIP ATTACHED.

Senior First Day -

STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity ("Location"): SGHS

Place and Date of Event/Trip: July 31, 2023 5:45PM Report / August 1, 2023 10:00AM Dismiss

Activity: Field Trip ☐ Retreat ☒ Other (specify) _____ Purpose: _____

Description of Activity: Senior Class Retreat - First Day See Attached: ✓

Mode of Transportation: _____ Total Field Trip Cost $ 20.00

Teacher/Adult Leader: Mr. Horn / Mr. Roe Attire: SG Top / Jeans / sweats / Shorts

Minor's Name: _____

Address: _____

Date of Birth: _____ Male ☐ Female ☐ Grade ___

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity.
My son/daughter has the following medical needs, allergies or dietary restrictions _____

_____

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

_____ _____
Parent/Guardian Date

_____ _____ _____
Home Phone Cell Phone Work Phone

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: _____ Phone: _____

Health Insurance Company: _____ Policy No.: _____

To be filled in by Location

To be filled in by parent/guardian