



Central Catholic High School

Permission Form

Activity: STEM CELL LAB (CNU)

Date(s) of Activity: 10/28/16

Student's Name: \_\_\_\_\_

I hereby give permission to my child, \_\_\_\_\_, to accompany the faculty advisors/chaperones of Central Catholic High School for the dates listed above.

I will hold neither Central Catholic High School nor any faculty/chaperones accompanying this group responsible for any accident/injury to my child.

The faculty/chaperones on this tour have my permission to take my child to the nearest hospital for medical treatment.

My son shall comply with all of the rules set forth in the Central Catholic High School Student Handbook as well as those rules set forth by the faculty/chaperones, or be removed from this trip and sent home at my expense.

PLEASE RETURN THIS FORM BY: 10/18/16

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

Student Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

(List any special medical problems/concerns below).