



NERINX HALL

Service Learning Program Permission Form

The Nerinx Hall Service Learning Program provides students the opportunity to participate in many service opportunities that take place off campus and outside the hours of the school day in the evenings and on weekends. Students will get to these activities by walking, driving themselves or other students, or riding with other Nerinx student drivers, or riding with adults including faculty, staff, and/or parents.

Some examples of Service Learning opportunities include volunteering after school with Catholic Charities, Marian Middle School, St. Vincent Home for Children or Karen House. Examples of work include tutoring, cooking, cleaning, organizing, painting, supervising activities for kids and more. Students can participate in one-time or recurring weekend service opportunities. Students can learn about all of these opportunities from the Director of Service Learning.

RELINQUISH OF CLAIMS

To the fullest extent allowed by law, I/we recognize and acknowledge that there are risks in my child's/ward's presence and participation in the school sponsored program. I agree to indemnify, hold harmless, waive and relinquish any and all claims I may have against the school and its officers, agents, employees, representatives or volunteers arising out of, in connection with the transportation to and/or from the event, or any activity my child/ward participates in while attending the school sponsored program, except for claims arising out of the sole or gross negligence and willful and wanton misconduct of Nerinx Hall, its employees and representatives.

MEDICAL RELEASE

I/We release Nerinx Hall from any claim whatsoever which arises or may hereafter arise as a result of any first aid, treatment, or service rendered in connection with my daughter's participation in this activity, or with the decision by any representative or Nerinx Hall to exercise the power to consent to medical treatment in the event of an emergency (in which the parent/guardian cannot be reached.) In case of emergency, accident, or sudden illness and I/we cannot be reached, permission is hereby given to the school representative of Nerinx Hall to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance at the nearest hospital in the event of an accident or medical emergency involving my daughter.

By signing below, my daughter has my permission to participate in Service Learning Program opportunities, including Outreach Club sponsored service sites, all class service days, and opportunities organized by the Nerinx Hall Director of Service Learning.

This permission form is in effect from April 1, 2016-May 31, 2017.

Student Name: _____

Parent/Guardian Signature

Date

Emergency Contact Name

Relationship

Phone Number

Nerinx Hall Service Learning Program

Emergency Treatment Consent Form

Please print all information.

_____	_____	_____
<i>Student Name (Last, First)</i>	<i>Address</i>	<i>Phone</i>

_____	_____	_____
<i>Primary Care Physician</i>	<i>Address</i>	<i>Phone</i>

_____	_____	_____
<i>Father/Guardian Employer</i>	<i>Employer's Address</i>	<i>Phone</i>

_____	_____	_____
<i>Mother/Guardian Employer</i>	<i>Employer's Address</i>	<i>Phone</i>

In case emergency treatment is needed for your daughter, she will be taken to the hospital nearest to where the injury takes place. I hereby give permission for a physician to administer emergency treatment to the above named student.

Parent or Guardian Name (please print)

_____	_____
<i>Parent or Guardian Signature</i>	<i>Date</i>

Primary Phone: _____ Secondary Phone: _____