



CENTRAL CATHOLIC

— HIGH SCHOOL —

A Marianist College Preparatory Institution, 1852 · San Antonio, Texas

To the Admissions Coordinator:

This is to certify that we do permit our son, _____
(PRINT NAME)

to attend a **SHADOW DAY** at Central Catholic High School on _____, 20____
(DATE)

from _____ to _____. (Standard class time is from 8:00 a.m. to 3:15 p.m.)
(TIME)

We do hereby release the school and its agents from any liability in the event of any accidental injury to our son. We understand that our son is responsible for his own actions, and must adhere to the policies and guidelines in the Student/Parent Handbook (available in the School Office and on-line) while a guest at Central Catholic High School.

If, in the judgement of any representative of Central Catholic High School, my son needs immediate care and treatment as a result of any injury and/or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to my son by any physician, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by whomsoever on account of such care and treatment of student.

_____ I have received permission from my middle school to attend a Shadow Day at Central Catholic.

Signature of Parent or Guardian

Date

Print parent or guardian name

Emergency Contact Number(s)
On day of Shadow Event

Name of person picking student up if different than parent