



Saint Jeanne de Lestonnac High School
32650 Avenida Lestonnac
Temecula, CA. 92592
951-587-2505

Shadow Day Permission Slip

To the Principal of Saint Jeanne de Lestonnac High School:

I request that _____
Student Name Grade

The above-named student has permission to attend a shadow day at Saint Jeanne de Lestonnac High School on (Requested Date) _____. The day begins at 8:00 am and pickup is at 12:00 pm.

I agree to direct my child to cooperate and conform to any directions and instructions of the supervisory personnel in charge of this event. Should it be necessary for my child to have medical treatment (including dental or hospital treatment) on this trip, I hereby give the school personnel permission to use their judgment in obtaining medical service for my child. I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate. I agree that in the event my child is injured because of his or her participation in this trip, through the negligence of the school, or any of its agents or related costs and expenses will first be had against any available benefit plan of mine or of my spouse.

PLEASE RETURN THIS SIGNED PERMISSION SLIP AND RETURN TO OFFICE

Parent/Guardian Signature Student Name Grade

Home Phone # Mother's Work # Father's Work #