



Arrupe Jesuit High School

8th Grade Visit Consent Form

The purpose of an 8th Grade Visit is for interested 8th grade students to visit Arrupe Jesuit High School and experience a day as an Arrupe student. 8th graders will be paired with current Arrupe students and attend class with them. Lunch will be provided. By the end of the day, the 8th grader will have a well understanding of what a day at Arrupe is like, what it takes to be an Arrupe student and a brief explanation about our Corporate Work Study Program.

Student Name: _____

Date: _____

Current School: _____

Parent Name: _____

Parent Signature: _____

Parent Phone Number: _____

I understand and acknowledge that participation in the 8th Grade Visit involves inherent risks of injury to my child. I authorize the Designated Supervisor (s) of Arrupe Jesuit High School to authorize and consent to any medical care for my child that he or she reasonably believes necessary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses related to such medical care. I understand and acknowledge that the Designated Supervisor(s) of the 8th Grade Visit will attempt to obtain my permission by telephone before authorizing or consenting to any medical care for my child if time and conditions permit.

I understand and acknowledge that any medical expenses related to illness or injury to my child while on the 8th Grade Visit are not covered by any insurance program maintained by Arrupe Jesuit High School, and that I am primarily responsible for such expenses.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (child).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the above-named school, its officers, directors and agents, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I hereby consent to my child's participation in the 8th Grade Visit. I have carefully read this 8th Grade Visit Authorization, and I understand and agree to each of the covenants and conditions set forth above.

Date

Emergency Phone

Parent or Guardian