

# St. Mary of the Annunciation School

## Shadow Day Permission Form

I/We, the parents(s)/guardian(s), give permission for \_\_\_\_\_  
Child's name

to shadow at St. Mary of the Annunciation School, Danvers, Massachusetts on \_\_\_\_\_  
Date

in \_\_\_\_\_ with \_\_\_\_\_  
Grade Teacher/Staff in charge

Arrival at SMA: \_\_\_\_\_ Departure from SMA: \_\_\_\_\_

Special instructions: Appropriate dress is required. Please bring a snack and drink.

Does your child have any allergies? Please provide information here: \_\_\_\_\_

\_\_\_\_\_

In consideration for my/our child's participation I/We hereby release, indemnify and save harmless the School and its agents from any and all liability for any and all harm that my/our child may sustain as a result of this Shadow Day.

In case of injury, I give my permission for my child to be treated by the school nurse.

Parents/Guardian's signature: \_\_\_\_\_

Please provide emergency telephone numbers for the day:

1<sup>st</sup> number \_\_\_\_\_

2<sup>nd</sup> number \_\_\_\_\_

This form must be presented to the front office before the student participates in Shadow Day