

# **Notre Dame de Sion Senior Retreat**

*Class of 2018: Decision, Action, Opportunity*

**Tuesday, September 12, 2017**

**8:00 AM to 4:00 PM**

**Submit to the front office by: Tuesday, August 1, 2017**

**Student's Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Phone Number: (    )** \_\_\_\_\_

***In case of emergency and parents/guardians cannot be reached, please contact:***

**1. Name:**

\_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number: (    )** \_\_\_\_\_

## **MEDICAL INFORMATION**

**Information from the medical forms on file for each student will be consulted regarding allergies, medication and dietary concerns.**

**(Please complete the reverse side...)**

## **Permission and Signatures**

- I give my daughter permission to participate in the Notre Dame de Sion High School Senior Retreat at Heartland Presbyterian Center, 16965 MO-45, Parkville, MO 64152 on Tuesday, September 12 2017. She has my permission to be transported to and from the retreat center by bus.
- In case of a medical, surgical, or dental emergency I give my permission for an employee of Notre Dame de Sion High School to authorize emergency medical treatment, if I cannot be located.

---

**Signature of Parent/Guardian**

**If you have any questions, please contact:**

**Stephanie Pino-Dressman, Director of High School Campus Ministry**

**[spinodressman@ndsion.edu](mailto:spinodressman@ndsion.edu)**



