



St. Ignatius School

3330 SE 43rd Ave
Portland, OR 97206
Tel (503) 774-5533
Fax (503) 788-1134
school@sispdx.org

**Parent/Legal Guardian Permission Slip
For Student Shadow Day (Grade 1-8)**

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I, _____ the undersigned, give my permission for _____
(Parent/Legal Guardian) (son/daughter)
to take part in a shadow visit at St. Ignatius School.

- I understand that my child is welcome to visit St. Ignatius from 8:20am-3:10pm. Full day visitors should bring a sack lunch. A half day may also be arranged with the principal.
- I also authorize the Archdiocese of Portland and its employees to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.

Child's Name _____ Date of Birth _____ Sex ___ Male ___ Female

Is there any information about your child's health the school should know?

EMERGENCY INFORMATION

In case of accident or illness when parents cannot be reached:

Do you authorize the school to act if medical services seem necessary? ___ Yes ___ No

Name of Medical Insurance Company: _____ Policy # _____
 Name of preferred Hospital: _____ Phone _____
 Name of Family Doctor: _____ Phone _____
 Name of Dentist: _____ Phone _____

PARENT CONTACT INFORMATION:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

EMERGENCY CONTACT INFORMATION:

(List relatives or near neighbors to contact if parents are unavailable)

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

I certify that the above responses are accurate and complete to the best of my knowledge.

Signature of Parent or Guardian: _____ Date: _____