

**Visit York Catholic for a Day
Parent/Guardian Permission**

York Catholic is pleased to welcome your child for a visit to our school. We must have this signed form on file before your child can visit. Please mail it to the address above or email it to hhoffman@yorkcatholic.org.

Please print:

Student Name: _____

Student Address: _____
Street City State Zip

Student Activities/Interests: _____

Current School: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

Emergency Contact: _____ Phone: _____

Relationship to Child: _____

Student Health Concerns (please include any allergies): _____

I understand by signing this form, I am giving my child permission to visit York Catholic Middle & High School for the duration of the school day and I authorize York Catholic staff to act for me in the event of an emergency, accident, or illness involving my child. I further understand that I am responsible for my child arriving at York Catholic by 8:00 AM as well as providing transportation for my child to be picked up at 2:45 PM for the scheduled visitation day.

I hereby agree, on behalf of the named student and his/her other parent or legal guardians, to waive any claims for liability against York Catholic Middle & High School, the Diocese of Harrisburg, and any diocesan or school officers, agents, or employees, which may arise from participation of the named student in the above-described event.

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____ Date: _____