



NOTRE DAME DE SION SENIOR RETREAT

May 13 (3:00 p.m) – May 14, 2010 (12 noon)

Prairie Star Ranch , 1124 California Road, Williamsburg, Kansas 66095

Please return this form to the Campus Ministry Office by Friday, April 30, 2010

Student's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Mother's Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone; _____

Father's Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone; _____

IN CASE OF EMERGENCY PLEASE CALL:

Name: _____

Relationship: _____ Phone: _____

MEDICAL INFORMATION:

Student's Physician: _____ Phone: _____

Dietary needs:

PERMISSION AND SIGNATURES

_____ I give my daughter permission to participate in the Senior Retreat at Prairie Star Ranch.

_____ I give permission for my daughter to be transported to and from Williamsburg, Kansas ,by bus.

_____ In case of medical, surgical or dental emergency, I give my permission for an employee of Notre Dame de Sion to authorize emergency medical treatment if I cannot be located.

_____ Faculty members may give my daughter over-the-counter medications to treat minor symptoms.

PARENT'S SIGNATURE: _____ DATE: _____

I agree to participate prayerfully and openly in the Senior Retreat and to abide by the school behavioral guidelines.

STUDENT'S SIGNATURE: _____ DATE: _____

Meet in the New Grande Salle by 2:45 p.m. on May 13th. See webpage for "What to Bring".