

## Emergency Contact Form

Ursuline Student Leadership Conference – Angela’s Piazza  
Cincinnati, Ohio June 24-28, 2010

I/We, the parent(s)/guardian(s) of \_\_\_\_\_, give my/our permission to participate in the Ursuline Student Leadership Conference 2010, hosted by Ursuline Educational Services, Ursuline Academy and St. Ursula Academy, in Cincinnati, Ohio June 24 – June 28, 2010, with housing provided on campus at Xavier University in Cincinnati.

In the event of a medical or dental emergency, I/we hereby give consent for my/our daughter to receive emergency treatment and/or be transported to an emergency medical facility at my/our expense. I/We also understand that if my/our daughter is on medication, she is responsible for securing, maintaining and taking the medication. I hereby release and hold harmless Ursuline Educational Services, Ursuline Academy, St. Ursula Academy, and Xavier University from any and all liability arising to my/our daughter as a result of this trip.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent/ Guardian Phone Numbers:*

WORK: Father \_\_\_\_\_ Mother: \_\_\_\_\_

HOME: Father \_\_\_\_\_ Mother: \_\_\_\_\_

CELL: Father \_\_\_\_\_ Mother: \_\_\_\_\_

*Alternate person to contact if parents/guardians cannot be reached:*

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Phone:

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

CHAPERONES: Bring these forms with you to the Student Leadership Conference. Thank you!