



**CHESTERTON ACADEMY**  
**OF ST. LOUIS**

**OVERNIGHT TRIP PERMISSION SLIP**

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in an overnight activity that requires transportation to a location away from the school site. This activity will take place under the guidance and supervision of volunteers. A brief description of the activity follows:

**Event:** Frassati Days

**Destination:** Camp Ondessonk, 3760 Ondessonk Rd. Ozark, IL 62972

**Designated Supervisor:** Dr. Alexander Schimpf, 858-431-9480

**Date and time:** Tuesday, 8/22/2023 10 AM; return Wednesday, 8/23/23 by 6PM

**Bring:** See packing list. Bring a sack lunch for Tuesday.

**Method of transportation:** Large Vans

**Medical Information:**

My student, \_\_\_\_\_, has the following medical problems that you need to be aware of during the activity:

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He/she will be on the following medication during the activity:

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**LIABILITY RELEASE FORM**

On this \_\_\_\_ day of \_\_\_\_\_, 2023, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Chesterton Academy of St. Louis, and any of its employees or agents representing or related to the school as regards to on/off campus participation in extracurricular activities, such as Frassati Days, Open-Gym, Field Trips, etc. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for these events. The undersigned further agrees to abide by all the rules and regulations promulgated by Chesterton Academy of St. Louis and/or its affiliate groups and vendors.

**Note:** Use of mobile/smart devices is not permitted during this trip, neither in the vehicles nor on the campsites, and must be turned in to staff when entering school Tuesday morning.

I HEREBY CONSENT TO PARTICIPATION BY MY STUDENT,

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(FULL NAME)

Student Contact Information

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Signature

Parent/Guardian \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Address: \_\_\_\_\_

**DEADLINE**

**ASAP - NO STUDENT WILL BE ALLOWED ON TRIP WITHOUT THIS SIGNED  
PERMISSION SLIP**