# Academy Days Permission Slip

Thank you for allowing your child to visit Campion Academy for Academy Days! This is a great opportunity for your child to experience life at Campion and see if CA is a school they would like to attend. If you have questions about the event, please contact the school at 970-667-5592 or send an email to denison.sager@campion.net

**Please read the following carefully and sign.**

I understand that a sponsor/parent must accompany my student to this event. In addition, my student will need a sponsor on site overnight if they plan to stay in the dormitory. If my child will be staying overnight, their sponsor's name is _____.

My child's name is _____ and as his/her parent/guardian of, I give permission for my student to visit Campion Academy during the annual Academy Days, October 11-12, 2026, sponsored by Campion Academy.

I hold harmless Campion Academy, the Rocky Mountain Conference of Seventh-day Adventists, the Mid-America Union, the North American Division, and the General Conference of Seventh-day Adventists, and their employees or any individuals and parties involved in sponsoring or attending this event.

I understand every possible effort will be made to contact me prior to a decision for emergency treatment in the case of accident or sickness. However, in the event circumstances do not allow my consultation, I give my permission for emergency medical treatment.

I will assume all medical and/or other expenses that may result from my child's behavior or action.

***By signing below, I verify that I am the parent and/or legal guardian of this student, and I give consent of the above.***

Parent Name (Printed): _____

Parent Signature: _____ Date: _____