

ARCHDIOCESE OF PORTLAND

Parent/Legal Guardian Event Permission Slip

For Student/Youth

TO BE COMPLETED BY SPONSORING PARISH/SCHOOL

Below please find a brief description of the schedule of activities:

Event _____ Location: _____

Archdiocesan Parish, School, or Agency: St. Charles Catholic Church. St. Mary Magdalene

Date of Event: _____ Departure Date: _____

Departure time: _____ Return Date: _____

Estimated time of return: _____ of Transportation _____

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I, _____ the undersigned, give my permission for _____

(Parent/Legal Guardian

(son/daughter)

To take part in an off-premises event which will require transportation and supervision by Archdiocesan employees and volunteers.

- I agree to allow my child to participate in this event.
- I agree and understand that transportation may be provided in such form and at the discretion of the Archdiocese of Portland.
- I also authorize the Arch diocese of Portland and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.

Child's Name _____ Date of Birth _____ Sex __ Male __ Female

Allergies (foods, drugs, insects, etc) _____

Medications (name, dosage, reason) _____

Other information (injuries, etc.) _____

Insurance Carrier _____ Group or ID# _____

In case of Emergency, please notify:

Parent/Gaurdian(s) _____

Day Phone Number(s) _____ Evening Phone(s) _____

Child's Doctor _____ Phone Number _____

Parent/Guardian Signature

Date

THIS FORM TO BE KEPT ON FILE FOR THREE YEARS