

**SAINT MICHAEL PARISH
PERMISSION SLIP**

ACTIVITY: _____

DATE OF ACTIVITY: _____

MEETING TIME: _____ **RETURN TIME:** _____

COST: _____

NAME OF MINOR CHILD/WARD _____

Please allow my minor child/ward to participate in the above activity. My child is physically fit and able to participate in the above activity.

I agree to have my child transported by ambulance or treated for emergency medical or dental problems if the need arises. I accept full responsibility for all medical expenses as a result of my child/ward participating in the above activity.

On the lines below I have listed any medical condition, physical disability, or allergy to medicine, etc. which is relevant to rendering medical treatment to my child if he/she requires emergency medical care:

During the time of this activity, I can be reached at _____
(Telephone number)

Signed this _____ day of _____, 2010

(Parent/guardian name – please print)

(Parent/guardian signature)

For Adult Chaperones

I voluntarily agree to assist in the above activity. I give permission to be transported by ambulance should a medical emergency arise. I accept full responsibility for any medical/dental expenses that may be incurred as a result of my participation in this activity/program.

Signature _____

Date _____