

DIOCESE OF MANCHESTER

PERMISSION SLIP

ACTIVITY:

DATE OF ACTIVITY:

TIME OF DEPARTURE:

TIME OF RETURN:

NAME OF MINOR CHILD/WARD and Grade:

Please allow my minor child/ward to participate in the activity listed above. My child/ward is physically fit and capable of taking part in this activity.

I agree to have my child/ward transported via ambulance and/or treated for emergency medical or dental problems if an emergency arises. I accept full responsibility for all medical expenses incurred as a result of my child/ward's participation in this program.

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

During the time of this activity, I can be reached at:

Telephone Number: _____

Signed this _____ **day of** _____, **20** _____.

Parent/Guardian Name (print)

Parent/Guardian Signature