Permission Slip

This permission slip will complement our annual permission slip that each student must sign at the beginning of the school year (September). Make sure this form is filled out in order for your son or daughter to participate in any off site activities.



***Cut off bottom portion of permission slip and return to religious education office by: ASAP***

**Emergency Information**

|  |
| --- |
| *In case of emergency, please contact:* |
|  **Name/Relationship Phone** |

I give permission for my child to participate in stated event on the stated date.

Youth’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing, the parent or legal guardian also agrees to the statement provided below:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent Signature) (Date)

# St. Margaret Mary CONSENST OF LIABILITY AND MEDICAL PERMIT

My son or daughter has my permission to participate at said event with St. Margaret Mary Parish. I also agree for my son/daughter to be transported by Church, bus, train or private car when necessary during this event by an adult leader over the age of 21. I understand all events will have adult supervision. In consideration of the benefits to be derived from these activities, I waive any and all claims I may now and in the future have against, and release from all liability and agree not to sue St. Margaret Mary and its officers, directors, employees, volunteers, agents or representatives, for any personal injury, death and property damages, expenses or losses sustained by my child as a result of my child’s participation in the above activities due to any cause whatsoever, including, without limitation, negligence or breach of statutory or common law duty including duties to an invitee or licensee. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the chaperones in charge. This consent and release is in effect until the said event is complete, and the teen is returned to the parking lot of the church. Pick up from the church parking lot is the responsibility of the parent and by signing you are agreeing to provide transportation in a timely and safe manner.

**MEDICAL CARE PERMIT**

I hereby authorize emergency medical care or first-aid treatment as needed for my child in the event of illness or injury during any sponsored activity of St. Margaret Mary Church. This permit is in effect until I give St. Margaret Mary Church written notice to the contrary.