

**Archdiocese of Portland/St. Anthony Parish
Parent/Legal Guardian Event Permission Slip
for Student/Youth**

Event : _____ Location: _____
Date of Event: _____ Departure time: _____
Mode of transportation: _____ Estimated time for end activity: _____
Cost: _____
Parents: **Please check to see if chaperones/drivers/snacks are needed.**

To be completed by Parent/Legal Guardian

I _____ The undersigned, give my permission for _____
(Parent /Guardian) (son or daughter)
to take part in an off-premises event which will require transportation and supervision by Archdiocesan/St Anthony 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/St. Anthony
- I also authorize the Archdiocese of Portland/St. Anthony 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.

Youth's name _____ Date of Birth _____ Sex Male: y Female: y

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/Guardian _____ Phone_(D) _____ (N) _____

Youth's
Doctor _____ Phone _____

(Parent/guardian signature)

(Date)