

# Parent Permission Form for Event Participation

Dear Parent or Legal Guardian:

Your child will be participating in a catechetical or youth ministry sponsored activity requiring transportation to a location away from parish premises. This activity will take place under the guidance and supervision of employees and volunteers from St. Aidan Parish.

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

Destination: \_\_\_\_\_

Supervisors: \_\_\_\_\_

Departure Date and Time: \_\_\_\_\_

Estimated Return Time: \_\_\_\_\_

Transportation Method: \_\_\_\_\_

Student Cost: \_\_\_\_\_

----- Retain upper portion for your information -----

## Statement of Consent

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above scheduled for \_\_\_\_\_.

I understand that this event will take place away from the parish grounds. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this event, I agree to indemnify and hold harmless St. Aidan Parish, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize St. Aidan Parish to obtain necessary medical treatment for my child in case of illness, injury or accident. My child had the following medical conditions or allergies about which a health care provider should be told: \_\_\_\_\_

Please check off the medications you would permit the Supervisor to dispense to your child following the recommended dose.  Tylenol  Advil  Tums  Benadryl  Imodium AD

**During this event I can be reached at ( \_\_\_\_\_ ) \_\_\_\_\_**

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date