

**DIOCESE OF MANCHESTER
PERMISSION SLIP**

ACTIVITY: _____
< name/description of activity >

DATE OF ACTIVITY: _____
<date activity will take place>

DEPARTURE TIME: _____ PLANNED RETURN TIME: _____

TRANSPORTATION BY BUS PERSONAL AUTO (Employee/Volunteer Driver)

NAME OF MINOR CHILD/WARD _____
(Please Print)

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 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 condition, physical disability, allergy to medicine, etc. which is relevant to rendering medical care to my child if s/he 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)

FOR ADULT CHAPERONES:

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

Signature

Date