

St. Elizabeth Ann Seton Church
310 Hertzler Rd.
Mechanicsburg, Pa. 17055
Religious Education Office 717-697-3545

PARENT PERMISSION FORM

NAME OF PARTICIPANT _____

I, _____ Parent or Guardian of _____,
do hereby grant permission for my son/daughter to attend the

I understand that the program will have competent and adequate supervision and reasonable and appropriate measures will be taken to minimize the risk of injury and/or accident.

I hereby grant my consent for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event, including the trip to and from the destination. I further assume all responsibility for the decisions so made, and the emergency care or treatment so secured in the event that I could not be reached.

In case of accident, injury or loss, neither my family nor I will hold the place where the event is conducted, the group sponsoring the event, nor any persons or affiliated organizations responsible or liable.

SIGNED: _____

DATE: _____

IN CASE OF AN EMERGENCY DURING THIS EVENT I CAN BE REACHED AT THE FOLLOWING

PHONE NUMBER: _____

OR PLEASE CONTACT THE FOLLOWING PERSON: _____

AT THIS PHONE NUMBER: _____

ARE THERE CHANGES IN YOUR CHILD'S MEDICAL CONDITION? _____

ARE THERE CHANGES IN YOUR MEDICAL COVERAGE? _____