

SAINT MICHAEL THE ARCHANGEL CATHOLIC PARISH

Youth Activity Parental Permission Form

I, _____, give permission for my son/daughter,
_____, to participate in _____ to
be held _____, at _____. In the event of
sickness or accident the adults supervising this activity have my permission to secure medical
care for my child. I hereby release St. Michael the Archangel Catholic Parish and all adult
sponsors from any and all claims arising out of or from any accident or other occurrence, causing
injury to any person or property, during this event. I also understand that, in the event my child
is dismissed from this event for any reason, I will be responsible for any cost incurred in his/her
transportation home.

Signature of Parent: _____ Date: _____

Parent's home telephone: _____ Parent's work or cell telephone: _____

In the event of an emergency, contact _____ Phone #: _____

Relationship to child: _____

Please list any special medical or dietary considerations: _____

If requested, my child may be given (circle each approved):

ASPIRIN IBUPROFEN TUMS PEPTO-BISMAL

INSURANCE COMPANY: _____

POLICY #: _____