

**ARCHDIOCESE OF PORTLAND**  
*Parent/Legal Guardian Event Permission Slip*  
*for Student/Youth*

Below please find a brief description of the schedule of activities:

Event \_\_\_\_\_ Location \_\_\_\_\_

Archdiocesan Parish: \_\_\_\_\_

Departure: \_\_\_\_\_ Return: \_\_\_\_\_

Transportation: \_\_\_\_\_ Deadline: \_\_\_\_\_

\_\_\_\_\_ Please check here if you're available to help drive and/or chaperone & have a completed background check & driver's form on file with St. Clare.

I, \_\_\_\_\_ the undersigned, give my permission for \_\_\_\_\_  
(Parent/Legal guardian) son/daughter

to take part in an off-premises event which will require transportation and supervision by Archdiocesan 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.
- I also authorize the Archdiocese of Portland 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.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_ Male \_\_\_ Female

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Allergies:(food, drugs, insects, etc.) \_\_\_\_\_

Medications:(name, dosage, reason) \_\_\_\_\_

Other Information:(injuries, etc.) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group or ID# \_\_\_\_\_

**In case of emergency, please notify:**

Parent/Guardian(s) \_\_\_\_\_

Day Phone Number (s) \_\_\_\_\_ Evening Phone Number(s) \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date