

NH Catholic YOUTHFEST 2008

"HOPE"

Permission Slip

Reminder: Have a copy of a completed and signed Permission Slip for each attending youth and adult to turn in when you check-in on May 3rd

ACTIVITY: NH Catholic YOUTHFEST

DATE OF ACTIVITY: May 3, 2008

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 _____ (Home)

_____ (Cell)

(Telephone Numbers)

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