Roman Catholic Diocese of Manchester

Permission Form

Please return Form by: 10.31.25.

I _____ hereby give "My Child" _____
(Parent/Guardian Name) **(Child Name)**

permission to participate in the "Activity" described below.

Sponsor Organization	Sacred Heart School
Activity Description	1st - 8th Grade Choir Group
Date(s) and Times*	Dates to include all full-day Fridays that SHS is in session | October 31, 2025 through May 29, 2026.
Transportation	☐ Bus ☐ Personal Auto (Employee/Volunteer Driver)
Special Instructions, if any	Music Room w/Mr. K | 7:30 - 8:00am
Cost	$0, make check payable to ----------
Chaperones Needed	☐ Yes ☑ No Chaperone Cost: $ ----------

* If the Activity cannot be held on the Date or Times listed above, I intend for this Permission Form to apply and be effective for any rescheduled Date(s) and Times for the Activity.

I certify that My Child is physically fit and capable of taking part in the Activity.

I give permission for My Child to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Emergency Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

On the lines below, I have listed any medical condition, physical disability, and medical, food, insect, and other allergy that may be relevant to rendering medical care. Any medication taken during the Activity must be provided in its original container.

_____

_____

I understand that photographs and videos of My Child may be taken, and I authorize them to be used for publicity.

I understand that staff will use their best efforts to supervise the Activity; however, I agree and acknowledge that the Roman Catholic Bishop of Manchester, a Corporation Sole d/b/a as the Sponsor Organization and its respective directors, officers, trustees, employees, and volunteers shall not be responsible for bodily injury or loss of or damage to personal property that may result from the Activity.

Parent/Guardian Signature: _____ Date: _____

For Chaperones:

I voluntarily agree to assist with the Activity. I give permission to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Chaperone Signature: _____ Date: _____

Email: _____ Phone: _____