

Permission Slip¹

Please return by: April 2, 2024.

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

permission to participate in the "Activity" described below.

Diocese Location	Saint Patrick Academy
Activity Description	Paul J. Kim event with Seacoast Catholic schools
Date(s) and Times*	April 5 departures: (9:45am Gr. K-4) & (12:00 pm Gr. 5-8)
Transportation Provided?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Special Instructions, if any	See reverse for details on the day. Thanks!
Cost	\$0, make check payable to N/A
Volunteers Needed ²	No Volunteer Cost: \$N/A

* 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 Diocese Location 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 Volunteers³:

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.

Volunteer's Signature: _____ Date: _____

Email: _____ Phone: _____

¹ This Permission Slip is required for minors to participate in a trip (day or overnight) or for minors to volunteer.

² Must be age 21 or older to serve as a chaperone.

³ Volunteers must complete a Volunteer Application and Agreement and fulfill all applicable Safe Environment requirements.