

DIOCESE OF SUPERIOR
PARENT OR LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Your child/ward (**Full legal name please**), _____, **Date of Birth** _____, **Gender** _____
is eligible to participate in a school/parish sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees and/or volunteers from St. Patrick Parish.

A brief description of the activity is as follows:

Type of activity : "Middle School Mondays"

Description of activity: Social Event for youth, location: St. Patrick Church

Date and time of activity: Mondays when school is in session 2008-2009 - 3:00pm to 5:00 pm
October 6, 2008 through June 8, 2009

Method of transportation: Bus – picks up from Hudson Middle School and St. Patrick School

Participant cost: FREE (any donations will be accepted as we have lost our free bus driver)

I consent to the participation of my child/ward in the above named activity. In consideration for my child/ward's participation, I agree to reimburse and indemnify the above named parish/school/Diocese of Superior (DOS) for all reasonable legal and court fees incurred by parish/school/DOS in defending a lawsuit that I or my child/ward may bring against the parish/school/DOS which relates to the above named activity if the parish/school/DOS is found not legally liable by the courts and prevails in the lawsuit. If the parish/school/DOS is found legally liable for the injuries sustained by my child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and the risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school/DOS to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent or guardian signature: _____ Date: _____

Address of child/ward and parent or legal guardian: _____

Phone numbers - Home: _____ Work: _____ Cell: _____

Emergency Medical Treatment

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Relationship: _____

Phone numbers - Home: _____ Work: _____ Cell: _____

Please supply the information requested below

Family Physician
or Clinic: _____

Address: _____

Phone: _____

Family Dentist: _____

Address: _____

Phone: _____

Date of Most Recent
Physical Exam: _____

Recent Surgeries
or Serious Illness: _____

Family Health
Insurance Company: _____

Policy number: _____

Current Medications: _____

Dosage & Frequency: _____

Date of Most Recent Tetanus Immunization: _____

Known Allergies: _____

Treatment
for Allergies: _____

Any Other Special
Needs to be Noted: _____

Please complete both sides of this form.

Dismissal Information

Family Name: _____

Parent/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Youth to be released:

Name: _____

Name: _____

Name: _____

Escort (can be a parent/guardian/older sibling/other designated adult):

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Signed: _____ Date: _____

My youth has permission to walk home from Middle School Mondays

Signed: _____ Date: _____

I am interested in helping out with Middle School Mondays throughout the school year. Please contact me with further information.

Name: _____ Phone: _____

Please complete both sides of this form.