

ANNUNCIATION CHURCH PERMISSION SLIP

My child, _____, has my permission to participate in _____, an activity of the Annunciation Church/Youth Group. The date for this activity is _____.

Parent (s) may be reached at _____.

If you are unable to be reached in case of an emergency, whom should we call?

Name _____ Phone No. _____

Hospital preference _____

Student's physician _____

Physician's phone no. _____

I authorize emergency treatment to be administered to _____

I understand that every attempt will be made to reach me, but if the severity of the injury indicates the necessity, the emergency response system may be called.

I/we parents of _____ request that my/our son or daughter attend events sponsored by Annunciation Catholic Church. I/we release and save harmless Annunciation Parish, the diocese of Jefferson City, its agents and volunteers for any and all liability and any and all harm that may occur during the event.

Parent/guardian signature _____

Date _____