

# Parent/Legal Guardian Permission Slip

**PARTICIPANT INFORMATION**

Full name: \_\_\_\_\_ Grade/School: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ M/F  
Parent/Guardian name(s) (please print): \_\_\_\_\_  
Home phone #: \_\_\_\_\_ Parent's Cell phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_

**PARENTAL AUTHORIZATION**

Dear Parent or Legal Guardian:  
The participant under your guardianship (named above) is eligible to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school staff from:  
\_\_\_\_\_  
(Name of Parish/School)

**DESCRIPTION OF ACTIVITY**

Type of event: The Agape Service Project  
Location of event: Sacred Heart Church, Bellingham WA and various sites in Whatcom County  
Date(s) of event: \_\_\_\_\_ Time of departure: \_\_\_\_\_  
Date of return: \_\_\_\_\_ Time of return: \_\_\_\_\_  
Person in charge: \_\_\_\_\_  
Mode of transportation to and from event: \_\_\_\_\_

**If you desire your son/daughter/individual under your guardianship, to participate in this particular event, please complete, sign and return the following statement of consent and release of liability by \_\_\_\_\_. (Insert date)**

**I hereby consent to participation by \_\_\_\_\_, my son/daughter/individual under my guardianship, in the event described above. I consent further to the conditions stated above, including the method of transportation. I fully understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated staff and/or volunteers on the stated dates. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, volunteers, and drivers from any and all liability that may arise out of participation in this activity. I also give consent for emergency medical treatment if necessary. I do request that, if possible, I be contacted prior to treatment. As parent/legal guardian, I remain fully responsible for any legal responsibility which may result from any personal actions taken by the named participant. Finally, my child and I have read and understand fully the attached Code of Behavior for Youth Participants in Events and Activities sponsored by the Catholic Archdiocese of Seattle.**

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone # Day: \_\_\_\_\_ Telephone # Night: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Telephone # Day: \_\_\_\_\_ Telephone # Night: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_