

**ST. PAUL'S SENIOR, JUNIOR HIGH GROUP
EVENT PERMISSION SLIP**

EVENT: _____

WHEN: _____

LOCATION: _____

COST: _____

I, _____ GIVE PERMISSION FOR MY CHILD

TO GO ON THIS EVENT.

RESTRICTIONS: _____

SPECIAL MEDICATIONS OR ALLERGIES:

PARENT OR CONTACT PERSON _____

PHONE: _____

ALTERNATE CONTACT PERSON _____

PHONE: _____

PARENT AUTHORIZATION: THE ABOVE PERSON HAS MY PERMISSION TO ENGAGE IN ALL ACTIVITIES EXCEPT THOSE NOTED BY ME. IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY I GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE ADULT LEADER IN CHARGE TO HOSPITALIZE, SECURE PROPER ANESTHESIA, TO ORDER INJECTIONS, AND/ OR TO ORDER SURGERY FOR MY CHILD

PARENT'S SIGNATURE: _____