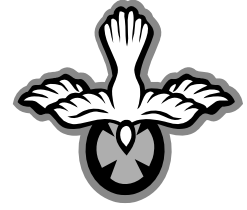


**St. Charles Borromeo Parish
Meredith NH
Permission Slip**



Activity: _____
(Name/description of activity)

Date of Activity: _____
(Date activity will take place)

Departure Time: _____ Planned Return Time: _____

Transportation By: ___ Bus ___ Personal Auto (Employee/Volunteer Driver)

Name of Minor Child/Ward: _____
(Please Print)

Please allow my minor child/ward to participate in the activity listed above. My child/ward is physically fit and capable of taking part in this activity.

I agree to my child/ward transported via ambulance and /or treated for emergency medical and/or dental problems if an emergency arises. I accept all responsibility for all medical expenses incurred as a result of my child's/ward's participation in this program.

On the lines below I have listed any medical condition, physical disability, allergy to medicines, etc... which is relevant to rendering medical care if he/she needs emergency medical care:

During the time of this activity, I can be reached at _____

Signed this _____ day of _____, 20____

Parent/Guardian Name (Print)

Parent/Guardian Name (Signature)

FOR ADULT CHAPERONES

I voluntarily agree to assist in the above activity. I give my permission to be transported via ambulance if a medical emergency should arise. I accept responsibility for all medical/dental expenses that may be incurred as a result of my participation in this program

Signature

Date