

Parent Permission Form/Waiver

Event: Confirmation Retreat Permission Form

Date:

Cost:

Supervisor: Christine M. Miller, DRE and adult volunteers

I, _____, give permission for my child, _____, to attend this Church-sponsored activity and will not hold those planning or supervising the activity at fault for any injury sustained. I also will not hold responsible St. Philip the Apostle Church or the Diocese of Harrisburg.

I ask that my child attend this event under the supervision of the parish DRE/Youth Minister, Christine Miller. My child will obey all rules during the event and the rules of the establishment we visit.

Signature of Parent/Guardian

Permission to Treat in Event of Emergency/Illness

Insurance Company _____

Group # _____

Other Important Information in regard to Health and Insurance

Home Phone Number _____

Cell Number (if available) _____

Emergency Telephone Number _____

Person at this Number _____