



ST PATRICK CHURCH PERMISSION SLIP

ACTIVITY: March For Life-Chicago

DATE OF ACTIVITY: January 15, 2017

DEPARTURE TIME: 12:45pm PLANNED RETURN TIME: 5:30pm

TRANSPORTATION BY: PERSONAL AUTO (Employee/Volunteer Driver)

NAME OF MINOR CHILD: _____
(Please Print)

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

I agree to have my child transported via ambulance and/or treated for emergency medical problems if an emergency arises. I accept full responsibility for all medical expenses incurred as a result of my child's participation in this program. I hereby release and indemnify St. Patrick Church, its staff and volunteers, Catholic Charities of Chicago, and the Catholic Bishops of Chicago, a corporation sole from any and all liability arising from claims of any kind of nature whatsoever from my child's participation in this program.

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

Preferred Doctor's name and phone number: _____

During the time of these activities, I can be reached at _____
(Telephone Number)

Signed this _____ day of _____, 20____.

Parent/Guardian name (print)

Parent/Guardian (signature)