DIOCESE OF MANCHESTER
PERMISSION SLIP

ACTIVITY: NH Catholic Youthfest (We will meet at Sullivan Arena, St. Anselm at 9:00 a.m.)
< name/description of activity>

DATE OF ACTIVITY: **Saturday, May 6, 2017**
<date activity will take place>

DEPARTURE TIME: **Between 9:00 a.m.** PLANNED RETURN TIME: **6:00 p.m.**

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 have my child transported via ambulance and/or treated for emergency medical or dental problems if an emergency arises. I accept full responsibility for all medical expenses incurred as a result of my child/ward'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:

_____

_____

During the time of this activity, I can be reached at _____
(Telephone Number)

Signed this _____ day of _____, 20____.

_____ _____
Parent/Guardian name (print) Parent/Guardian (signature)

FOR ADULT CHAPERONES:

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

_____ _____
Signature Date