

## Parental Permission for Child's Participation in Parish-Sponsored Event

Parish Name: St. Mary's - Wappingers Falls, New York

Description of Event: St. Mary's A.D.V.E.N.T.U.R.E. Program Leading the Children, Part II

Educational Purpose of the Event: Junior High Sacramental Life Curriculum

Date of Trip: Saturday, April 28<sup>th</sup>, 2012

### TO WHOM IT MAY CONCERN:

I hereby request that my child \_\_\_\_\_  
be allowed to attend and participate in the activities connected with the **St. Mary's A.D.V.E.N.T.U.R.E. Program Leading the Children, Part II event** which will take place on **Saturday, April 28<sup>th</sup>, 2012**.

- I will provide for the transportation between my home and St. Mary's. I understand that I will drop off my child at St. Mary's **no later than 8:30 a.m.**
- I understand that I will pick up my child at St. Mary's **no later than 12:30 p.m.**
- I understand that the Parish authorities will take reasonable precautions against accident, personal injury and loss of, or damage to, property while going to, from and at the site of the event, but that they or the Archdiocese of New York are not assuming any legal liability for any such occurrence except any liability based on their failure to take such reasonable precautions.
- I further understand that, should my child become ill during this event, I will be contacted and it will be my responsibility to arrange for my child's transportation home and that all expenses incurred will be borne by me.

**\*\*\*All of the information below is required for your child to participate in this event:**

**Telephone/cell phone where parent/guardian  
can be reached during the duration of the trip:**

**INSURANCE ID NUMBER:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

**Does your child take any medications?** Specify \_\_\_\_\_

**Does your child have any allergies?** Specify \_\_\_\_\_