

Permission Slip/Emergency Medical Form

I, _____, give my permission for my child _____,
(Name of Parent/Guardian) (Student's Name)

to attend _____ on _____
(Name of the Activity) (Day and Date)

from _____ to _____.
(Start Time) (End Time)

In consideration of the above child being allowed to participate in the above field trip, on behalf of my child, my spouse and myself, I hereby assume all the risks in connection with the field trip and I further release, discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese, St. Vincent Elementary School, St. Vincent de Paul Church, employees and volunteers from all claims, judgments, liability by or behalf of my child, myself, and my In the event of an accident or injury, or damage due to the child's participation in the field trip including all risks connected therewith, whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child. By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and I am authorized to grant such permission.

I fully understand what is involved in the above field trip/event, and I understand that I have had the opportunity to call the teacher or adult in charge and ask for additional information if necessary.

Signature: _____ Date: _____

Please check events:

February 2018

_____ **13 - Let's get the church ready for Lent!** From 3:00 – 4:00, help decorate the church for Lent. Then let's celebrate! I'll bring the pizza and drink, you bring the rest! Because of ordering food, I must have permission slips for this event. We will be done by 5:00 P.M.

_____ **21- Service project for the month!** Continuing with our service to the nursing homes, we will be making new items for those at Hickory Ridge and The Merriman. Meet Mrs. Dies at the Scullen Room after school. We should be done by 4:30.

_____ **28 - The Bishop is coming so let's prepare a special gift for him!** The bishop is coming on March 17th and we would like to present him some hand-made blankets so that he can pass them out to the homeless he encounters. Meet Mrs. Dies after school and we will make the blankets for him and decide who will present them. We should be done by 4:30.

UPCOMING EVENTS!

March 17th ... Bishop Perez will celebrate our 151st anniversary of the "new" Church at the 5:00 P.M. Mass. A covered-dish dinner will follow.

Ellen Dies

Youth Ministry Director

St. Vincent: (330)535-3135 ext 101 ellendies588@gmail.com

Home 330-864-5484 Cell 330-730-9021

Emergency Information

Name of student: _____ Age: _____

Name of parent or guardian: _____

Address: _____

Phone Number: _____ Cell Phone: _____

Emergency Contact Name and Number if parent/guardian cannot be reached:

List any medications: _____

List any Allergies: _____

List any emergency instructions: _____

Please fill in either Part I (consent) or Part II (refusal of consent)

Part I – To Grant Consent for Emergency Medical Treatment:

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for emergency medical treatment to be administered to my child.

Signature of parent/guardian: _____ Date: _____

Part II – To Refuse Consent for Emergency Medical Treatment:

I do not give my consent for emergency medical treatment of my child.

Signature of parent/ guardian: _____ Date: _____

Please call Ellen Dies St. Vincent – (330)535-3135 ext. 101; or email her at ellen@stvincentchurch.com if you have any questions.