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*ARCHDIOCESE OF PORTLAND*  
*Parent/Legal Guardian Event Permission Slip*  
*for Student/Youth*

TO BE COMPLETED BY SPONSORING PARISH/SCHOOL

Below please find a brief description of the schedule of activities:

Event	Location
Archdiocesan Parish, School or Agency	<b>Marist High School, Eugene Oregon</b>
Date of Event	Departure Date
Departure Time	Return Date
Estimated Time of Return	Mode of Transportation

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TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I, \_\_\_\_\_ the undersigned, give my permission for \_\_\_\_\_  
(Parent/Legal Guardian) (son / daughter)

to take part in an off-premises event which will require transportation and supervision by Archdiocesan employees and volunteers.

- I agree to allow my child to participate in this event.
- I agree and understand that transportation may be provided in such form and at the discretion of the Archdiocese of Portland.
- I also authorize the Archdiocese of Portland and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those- services.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  Male  Female

Allergies (foods, drugs, insects, etc.) \_\_\_\_\_

Medications (name, dosage, reason) \_\_\_\_\_

Other information (injuries, etc.) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group or ID# \_\_\_\_\_

In case of emergency, please notify:

Parent/Guardian (s)

Day Phone Number(s) \_\_\_\_\_ Evening Phone Number(s) \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

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

\_\_\_\_\_  
Date

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THIS FORM TO BE KEPT ON FILE FOR THREE YEARS

