

Saint Joseph Parish Permission Form

I, _____ (parent/guardian) request that my child _____ be allowed to go to the Cathedral of the Assumption Soup Kitchen on Saturday April 26th from 8:30—2:30.

I further give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in the above activities.

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child (children) waive and release any and all claims that I might have against the Office of Youth Ministry of Saint Joseph Parish, St Joseph Parish, the Archdiocese of Louisville and any designated driver of a van, bus, car or vehicle, for any and all injuries or losses suffered by said child (children) while engaged in the above activities.

In case of any medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in the Youth Ministry Programming of the Parish. In the event that I cannot be reached, I hereby give permission to the physician selected by the Coordinator of Youth Ministry to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

Signature of Parent/Guardian _____ Date _____
Home Phone _____ Mobile _____ Work _____

Emergency Contact _____
Home Phone _____ Mobile _____ Work _____