

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

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TO BE COMPLETED BY SPONSORING PARISH / SCHOOL

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

Event: \_\_\_Confirmation Retreat\_\_\_\_\_ Location: St. Juan Diego Church, 5995 NW 178<sup>th</sup>  
Ave, Portland, OR 97229  
Archdiocesan Parish, School or Agency: \_St. Juan Diego Church\_\_\_\_\_

Date of Event: \_\_Sat, January 7, 2012\_\_\_\_\_ Departure Date: \_Sat, Jan 7, 2012\_\_\_\_\_

Departure Time: 9 AM\_\_\_\_\_ Return Date: \_Sat. Jan 7, 2012\_\_\_\_\_

Estimated Time of Return: \_10 PM\_\_\_\_\_ Mode of Transportation: personal 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 and/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