PERMISSION SLIP

Participant's Name (Please prin	nt) Gender	Date of Birth	Grade	Home Phone	
Address		City/State/Zip			
Parent/Guardian's Name	Cell Phone		Wo	ork Phone	
Safety: As the participant, I agree to follow all procedures, safety precautions, and rules and regulations set forth by the Diocese and the Parish.					
Signature of Participant			Date		
Parental Permission and Liability Release: As parent/legal guardian of the participant names above, I my permission to participate fully in (Name of Program or Trip) (Start Date/Time) to (End Date/Time). I a					
to indemnify and hereby release the Most Reverend Michael F. Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.					
Informed Consent to Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.					
	Arlington Catholic F	Herald to use ar	nd publis	nolic Diocese of Arlington, its sh my child's photograph, video onal, news stories, illustration and/or	
Emergency Contact: Name		Relationship:			
Phone Number: (H)	(W)		(C)	
	•	·		the participant's involvement in the	
Are there any known allergies including any allergies to medicine?					
				Phone	
Insurance Company		Policy Number:			
I understand and hereby agree to the terms and conditions of the participant's involvement in the above described event and I freely execute this Acknowledgement with full knowledge of its content.					
Signature of Parent or Legal G	ıardian		Date	e	

Revised: 8/18/2016