Archdiocese of Portland - Parent/Legal Guardian Permission Form Event Description: Archdiocesan Sponsoring Parish: Location: Date of Event: _____ _____ To be completed by Parent/Legal Guardian: _____, the undersigned, give permission for _____ (Son/Daughter) (Parent/Legal Guardian) at , which will require supervision to take part in the by Archdiocesan employees and volunteers. I agree to allow my child to participate in this event. • I 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. My child agrees to abide by all rules and regulations attached to the event and the Youth Group "Pledge" to respect God, Others and Self. I understand that the Archdiocese of Portland will not be held liable if my child fails to cooperate with said regulations. Allergies (foods, drugs, insects, etc.): Medications (name, dosage, reason): _____ Other information (injuries, etc.): Insurance Carrier: _____ Group or ID#: _____ In case of emergency, please notify: (Relationship to Youth) (Phone Number) (Name) (Relationship to Youth) (Phone Number) (Name) Child's Doctor: _____ Phone Number: _____ Parent/Guardian Signature Date

THIS FORM TO BE KEPT ON FILE FOR THREE YEARS