

Saint Michael Parish
196 Main Street
North Andover, MA 01845



Today's Date

I, as the parent or guardian, give permission for _____
Child's First and Last Names

to attend _____ on _____
Event and Place Date

from _____ until _____ for _____
time activity

1. Mode of Transportation _____
2. Place of Departure _____
3. Place & Time of Return _____

Students will be accompanied by an appropriate number of adults. The cost is _____ for the bus trip and admission to the _____. Checks should be made payable to Saint Michael Parish.

I, as the parent or guardian of the above named youth, authorize the staff and personnel of Saint Michael Parish to treat my son or daughter in case of emergency. Further, I release the staff and personnel of Saint Michael Parish from any act or omission conducted in the course of rendering such care to my child. In the event of an emergency, the participant will be taken to the nearest hospital, unless otherwise notified.

In case of a medical emergency, I give permission for my child to be treated by a physician.

Child's Name _____

Parent's Signature _____

Address _____

Please be aware my child has the following allergies/medical conditions: _____

Telephone Numbers:

Home _____ Work _____ Cell: _____

Emergency Contact Name _____ Phone _____

Emergency Contact Name _____ Phone _____