

ST. JOSEPH PARISH

3720 E. Colbert Rd.
Colbert, WA 99005-9661
(509) 466-4991

PARENTAL PERMISSION SLIP AND LIABILITY RELEASE FORM

EVENT: PATTISON'S NORTH SKATING PARTY

LOCATION: PATTISON'S NORTH 11309 N MAYFIAR SPOKANE, WA 99208

DATE & TIME: MONDAY, FEBRUARY 17, 2020 1:00 PM TO 5:00 PM

What to Bring:

TRANSPORTATION: We will meet at Pattison's. Pick up also at Pattison's

INDIVIDUAL(S) IN CHARGE OF AND RESPONSIBLE FOR EVENTS: KATHY CATRON

I, the undersigned parent / legal guardian, give permission for my child, _____ to attend and participate in the above-described event. (First and last name)

I understand that this event will take place at a location away from the parish grounds, that the above-described mode of transportation to and from the location will be used, and that my child will be under the supervision of the above-designated individual(s).

In case of a medical or dental emergency, I give my consent and authorization for any necessary treatment, to include treatment by a licensed physician or dentist and transfer to any hospital reasonably accessible. The following information is provided for any licensed physician, dentist, or hospital not having access to my child's medical history:

ALLERGIES: Food: _____ Drug: _____

MEDICATION(S) BEING TAKEN: _____

FAMILY PHYSICIAN: _____ OFFICE PHONE #: _____

MEDICAL INSURANCE COMPANY: _____

POLICY #: _____ DOB: _____

SIGNIFICANT MEDICAL INFORMATION: _____

In case of an emergency, we (I) can be reached by phone at:

HOME: _____ OTHER (Name & Phone): _____

WORK: _____

CELL: _____

_____ I can help chaperone this event if needed.

I shall be liable for and agree to pay all costs and expenses incurred in connection with any medial or dental treatment rendered pursuant to this authorization. Further, should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, I agree to pay transportation costs.

Finally, in consideration for my child's participation in scheduled parish activities, I release, discharge and agree to hold harmless the Catholic Bishop of Spokane, his agents, and employees from any and all liability, claim or demands for personal injury, illness or death, as well as property damage and expense, of any nature whatsoever which may be incurred by us and/or my child while my child is participating in scheduled events (including transportation to and from the events), hereby assuming all risk of personal injury, illness, death, damage and expense as a result of participation in these events.

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials periodically produced by the Diocese of Spokane. (Participants would not be identified, however, without specific written consent).

Parents/guardians who **do not** wish their child to be photographed or filmed, please check box.

I have fully read this form and sign voluntarily with knowledge of its terms and conditions.

PARENT/LEGAL GUARDIAN DATE

PRINTED NAME