



CHURCH/SCHOOL EVENT PERMISSION FORM
FOR STUDENT/YOUTH

LOCATION INFORMATION [] School [] Church

Date: 11/20/2020

Name: St. Elizabeth Ann Seton Catholic Church Phone: (503) 649-9044

Address: 3145 SW 192nd Ave. City: Aloha Zip: 97006

CONTACT PERSON

Name: Dcn. Jesus Espinoza Phone: (503) 852-2126 Email: jespinoza@archpdx.org

TO BE COMPLETED BY SPONSORING CHURCH OR SCHOOL

Event: Ora Et Labora- Christmas lights Location: Aloha, OR

Church or School: St. Elizabeth Ann Seton Date of event: 11/ 28/ 2020

Departure date: One day event only Departure time: 9:00 am to 6:30pm [] AM [] PM

Return date: N/A Estimated time of return: [] AM [] PM

Mode of transportation: N/A

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

Child's Name: Date of birth: Sex: [] Male [] Female

Person(s) to notify in case of an emergency:

Name: Phone 1: 2:

Name: Phone 1: 2:

Name: Phone 1: 2:

Family physician: Phone:

Allergies (foods, drugs, insects, etc.):

Medications (name, dosage, reason):

Other information (injuries, special needs, etc.):

Insurance carrier: Group or ID#:

I, the undersigned, give my permission for (Parent/Legal Guardian) (Child)

to take part in the above off premises event and authorize the Church/School to provide transportation to and from the event.

I also authorize the Church/School 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 payment for those services.

Parent/Guardian Signature: Date: