

Permission Form

Pet Therapy

Family House

VBS

Camp Helping Hand

CHILD'S NAME— _____

PARENT'S NAME— _____

PARENT'S PHONE NUMBER— _____

EMERGENCY CONTACT NAME— _____

EMERGENCY CONTACT PHONE NUMBER— _____

MY CHILD HAS THE FOLLOWING ALLERGIES

MY CHILD HAS THE FOLLOWING PHYSICAL LIMITATIONS

SOME ONE OTHER THAN THE CHILD'S PARENTS WILL BE PICKING UP- (NAME AND RELATIONSHIP)

In consideration of the agreement of Youth Ministry, I/WE allow named child to participate in the event mentioned above. I/WE intend to be legally bound hereby, I/We agree to indemnify and hold harmless Saint Joseph, Saint Juan Diego, Saint Padre Pio, Saint Scholastica, CDTCA School and the employee(s) thereof, the Catholic Diocese of Pittsburgh, the Most Reverend David Zubik, their successors and legal representatives, against any loss from any and all claims, demands and actions at law or in equity that may hereafter at any time be brought by my/our child, or anyone acting on behalf of my/our child as a result of, or in any way related to his/her participation in the above mentioned activity.

PARENT SIGNATURE _____ DATE _____

I/We agree that in case of injury to my/our child, I/We will apply our hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to St. Scholastica Church or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

PARENT SIGNATURE _____ DATE _____