



Saint Vincent de Paul

ST. VINCENT PERMISSION FORM

Event Title: Feeding the Homeless

Event Date: Every 4th Wednesday of the Month 2017

The Youth will meet at the St. Vincent School Cafeteria at 5:00pm and depart for skid row at 6:30pm and return at 8:30pm.

Appropriate chaperones will be appointed by the parish.

Name of Youth: _____

I give permission for my youth (named above) to attend the St. Vincent de Paul Parish (named above). I agree to instruct my child to cooperate and conform with directions and instructions of the supervisory personnel in charge of the event. Should it be necessary for my child to have medical treatment while participating in this trip, I hereby give to the St. Vincent de Paul Parish personnel permission to use their judgment in obtaining medical service of my child and I give permission to the physician selected by the youth group personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the parish and other participating adults from liability in connection with this request. I further give permission for my youth to be transported to and from the event by approved adult volunteer drivers authorized by St. Vincent de Paul Parish.

Photo Release

I recognize that the VMY and St. Vincent de Paul Parish uses photographs and video images of events in church publications including websites and newsletters. I hereby grant permission for photo/video images of my youth to be taken and used for such purposes.

Signature of Parent or Legal Guardian

Printed Name of Parent or Guardian

Date

No child under the age of 18 may attend this event without this signed parent permission form.

Emergency Contact Information

Names of person and telephone numbers to call in case of emergency

Name: _____ Relationship: _____

Home Phone: _____ Cell/ Alternate Phone : _____

Name: _____ Relationship: _____

Home Phone: _____ Cell/ Alternate Phone : _____