

# Activity Permission Slip

I /we \_\_\_\_\_ request that St. Anthony Parish allow my child \_\_\_\_\_ to participate in the sponsored activity.

In consideration of the making of arrangements for an activity of St. Anthony Parish, St. Anthony School, the New Albany Deanery and/or the Archdiocese of Indianapolis. I hereby release and save harmless St. Anthony Parish, St. Anthony School, the New Albany Deanery and/or the Archdiocese of Indianapolis and all personnel of St. Anthony Parish, St. Anthony School, the New Albany Deanery and/or Archdiocese of Indianapolis from any and all liability for any injuries, loss or claims arising out of or resulting from the activity.

AUTHORIZATION TO TREAT A MINOR I/we, the undersigned parent(s) or guardians (s) of \_\_\_\_\_ a minor, do hereby authorize adult workers of St. Anthony Youth Ministry, as agent (s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under the supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

Parent  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Emergency  
Contact \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Relationship to  
Child \_\_\_\_\_

