

TO: Pastors, Principals, DRE's, and Administrators

FROM: Fr. John M. Steiner, Moderator of the Curia

RE: Parental Permission Slip and Liability Release Form

At the request of a number of administrators, the Diocesan attorney has reviewed a number of formats for a Permission and Liability Release for events which take minors away from the parish facilities.

It is the direction of the Bishop and the policy of the Diocese that to protect yourself, the Diocese, and your parish that the enclosed format be used anytime a number of children are being taken away from the premises of the Parish for some event.

This format may be copied by you. This form may be duplicated.

**PARENTAL PERMISSION SLIP
AND LIABILITY RELEASE FORM**

Event: _____

Location: _____

Date of Event: _____

Parish/School Sponsoring event: _____

Individual(s) in charge of and responsible for event: _____

Mode of transportation to be used: _____

To Whom it may concern:

The undersigned parent(s)/legal guardian give permission for our (my) child _____ to attend and participate in the above (name of child) described event.

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

In case of a medical or dental emergency, we(I) give our(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 our (my) child's medical history:

Allergies: _____

Date of last tetanus shot: _____

Medication being taken: _____

Family Physician: _____

Physician phone number: _____

Medical Insurance Company: _____

Policy number: _____

Other pertinent information: _____

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

Home: _____, Work: _____ Other: _____

(neighbor, friend)

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

Finally, in consideration for our(my) child's participation in this event, we(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 expenses, of any nature whatsoever which may be incurred by us and/or our(my) child while our(my) child is participating in the event (including transportation to and from the event), hereby assuming all risk of personal injury, illness, death, damage and expense as a result of participation in this event.

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

Mother Date

Father Date

Legal Guardian Date

Date received: _____ By _____