## **PERMISSION SLIP**

1.	Consent: I grant my permission for my child	to attend and
	participate in	(hereinafter referred to as
	"Activity") to be held at on	
	"Activity") to be held at on	[INCLUSIVE DATE OR DATES]
2.	Student Cooperation: My child agrees to abide by all the rules of aforementioned Activity and to obey the staff in charge of this Activity. The Parish, School, and Diocese will not be liable for my child's failure to cooperate and/or to abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the Activity at my expense and without refund to me of the costs paid for the Activity.	
3.	First-Aid/Emergency Treatment: I authorize the School, Parish, and Diocese and its employees and volunteers to administer first-aid to my child if deemed necessary and appropriate to preserve the life, limb or well-being of my child. I authorize the Parish, School, and Diocese to contact an engage medical personnel and arrange for emergency treatment of my child, including transportation for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. I agree that I am financially responsible for such medical treatment.	
4.	Administration of Medication provided by parent/guardian of child: If my child needs to take prescription or non-prescription medication during this Activity, I have provided the medication in its original container. I give permission to an adult employee or adult volunteer to administer the medication or assist in the administration of the medication to my child in the dosage prescribed by the prescription or, for non-prescription medication, the dosage recommended on the container by the manufacturer. If there are explicit instructions for this medication, I state them here:	
5.	Release: I hereby release and discharge The Diocese of Rockford and School, and the officers, directors, employees, and volunteers personal injuries or property damage that I or my child may suffer wh participating in the Activity, unless the injuries or damage resulted	s of same, from all claims for ille my child is attending and/or
	Diocese, the Parish, the School or its employees. If I have provided during this Activity, I hereby release and discharge The Diocese of Reparish and School, and the officers, directors, employees, and volume for personal injuries or property damage that I or my child may suffer of or lack of administration of or assistance in or lack of assistance medication to my child, whether by my child and/or an adult emplounless the injuries or damage resulted from willful misconduct of the I	medication for my child to take ockford and its Bishop, and the nteers of same, from all claims as a result of the administration be in the administration of said yee and/or an adult volunteer;
	or its employees.	
	Parent/Guardian's Signature:	
	Name:	
	Name:[PLEASE PRINT]	
	Date:	