

St. Mark's Youth Blanket Permission Slip/Waver

I give permission for my son/daughter, _____ to
Son/Daughter's Name

attend/participate in Confirmation Class and/or Youth events during the 2015/2016 year. In the event of a medical emergency I authorize St. Mark's personnel to seek medical attention for my child, I will assume responsibility for any/all resultant expense. Every attempt will be made to contact a parent, emergency contact or primary physician first. I also give St. Mark's personnel permission to transport my child to and from agreed upon events in my absence.

Parent/Guardian Signature and Date

Information

Name Of Youth/Child: _____

Parent/Guardian Name(s): _____

Address: _____ Phone #: _____

E-Mail: _____

Physician Name/Phone: _____

Emergency Contact/Phone #: _____

I authorize the following people to pickup my child/youth:
(Please list name and relationship)

Please list any other helpful information about your child/youth:

