

ARCHDIOCESE OF PORTLAND
ST. ELIZABETH ANN SETON
Parent/Legal Guardian Permission Slip

Event: Faith Cafe

Location: Bethel Congregational United Church
5150 SW Watson Ave
Beaverton

Date of Event:

Time:

To be completed by Parent/Legal Guardian

I, _____ the undersigned, give my permission for _____
[Parent/Legal Guardian] (son/daughter)

to participate in this event. I provide transportation to and from the event.

I also authorize St. Elizabeth Ann Seton and its employees and/or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.

Student's Name _____ Date of Birth _____ Sex: M F Grade: ____
Circle one

Allergies (foods, drugs, insects, etc.) _____

Medications (name, dosage, reason) _____

Other Information (injuries, etc.) _____

In case of emergency, please notify:

Parent/Guardian(s) _____

Day Phone/Cell# _____ Evening Phone/Cell# _____

Child's Doctor _____ Phone # _____

Parent/Guardian Signature

Date

11/14/17