

Our Mother of Confidence's Permission Slip

I hereby give my permission for _____, my son/daughter (or person under my guardianship), to participate in the below noted activity with Our Mother of Confidence's Youth Ministry. I understand (s)he will be under the supervision of Ian Mascarenhas and other adult volunteers.

ACTIVITY: St. Vincent de Paul service trip
PLACE: St. Vincent de Paul shelter (downtown S.D.)
DATE: Day: _____, Date: _____, 2017
TIME: 3:15 pm @ OMC, return to OMC @ 7:00 pm
TRANSPORTATION: Carpools (from OMC)
COST: None
PERMISSION SLIP DUE: bring on Service Op. day (earlier preferred)

I further understand that the possession and/or use of ALCOHOL, DRUGS, or NICOTINE PRODUCTS is PROHIBITED. Violation of guidelines will result in immediate phone contact with the parents/guardians. I understand my responsibility will be to pick up my son/daughter and remove them from the activity, regardless of the time I am called.

As parent/legal guardian, I remain legally responsible for any personal actions taken by named young person.

I agree on behalf of myself, my child's other parent if known or living, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Our Mother of Confidence, its officers, directors and agents, and the Diocese of San Diego, chaperones, or representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought against the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event, arising from or in connection with my child's attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

My child, _____, has my permission to travel by private vehicle to/from this event.

(phone number)

(parent signature)

(Other Phone #, if applicable)

(date)

(print name/relationship)

(Emergency Contact & Phone #)

(print Emergency Contact's name/relationship)

YOUTH'S CELL PHONE #: _____

My son/daughter is allergic to: _____

My son/daughter takes (medications): _____

Our Mother of Confidence's Chaperone Info Sheet

I _____, am participating in the below noted activity with Our Mother of Confidence's Youth Ministry as a chaperone, with Ian Mascarenhas (OMC's Youth Minister) and other adult volunteers.

ACTIVITY: St. Vincent de Paul service trip
PLACE: St. Vincent de Paul shelter (downtown S.D.)
DATE: Day: _____, Date: _____, 2017
TIME: 3:15 pm @ OMC, return to OMC @ 7:00 pm
TRANSPORTATION: Carpools (from OMC)
COST: None
PERMISSION SLIP DUE: bring on Service Op. day (earlier preferred)

(Home Phone #)

(Chaperone's signature)

(Cell Phone #, if applicable)

(date)

(Emergency Contact & Phone #)

(print Emergency Contact's name/relationship)

In case of emergency, please let us know --

I am allergic to: _____

I take (medications): _____