

**ACTIVITY/PROGRAM PERMISSION
For YOUTH MINISTRY**

I, _____, the parent or guardian of _____
(Name of parent/guardian) (Name of youth)

A youth at St. Edward the Confessor, hereby grant permission for the above youth to attend _____, with Sr. Rosemary Casaleno and the youth group on _____ from _____, and I consent to participation in this off site activity/program. I understand that my youth will get to the place of the program and return by car.

I authorize the employees, representatives and chaperones of specified parish personnel of St. Edward the Confessor to obtain emergency medical treatment, should it be necessary, during my child's attendance and participation in above program.

I understand that I will be notified immediately should it become necessary to obtain emergency treatment. The person(s) who should be notified and the telephone number(s) are:

Name _____ phone (home): _____ (cell): _____

Name _____ Phone (home): _____ (cell): _____

I fully understand what is involved in this trip, and I understand that I have the opportunity to call the Youth Minister and ask her about the activity/program.

In case of an emergency, I can be reached at: _____

Signature of Youth Participant _____, Date: _____