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**ARCHDIOCESE OF PORTLAND**

***Parent/Legal Guardian Event Permission Slip for Student/Youth***

**TO BE COMPLETED BY SPONSORING PARISH/SCHOOL**

Below please find a brief description of the schedule of activities:

Event Hope Youth Rally

Location St. Edward Church, 5303 River Rd N, Keizer OR 97303

Archdiocesan Parish St. Edward, St. Marys, St. Pauls and other diocesan parishes

Date of Event July 9, 2021 Start Time 3:00 pm

End Time 9:00 pm Mode of Transportation Personal Vehicles

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**TO BE COMPLETED BY PARENT/LEGAL GUARDIAN**

I, \_\_\_\_\_ the undersigned, give my permission for \_\_\_\_\_  
(Parent/Legal Guardian) (son/daughter)

to take part in an off-premises event which will require transportation and supervision by Archdiocesan employees and volunteers.

- I agree to allow my child to participate in this event.
- I agree to authorize the Archdiocese of Portland and Higher Calling Camp to use photograph(s) of the minor(s), listed on this form, in its publications and on its website. I understand there will be no identifying information.
- I also authorize the Archdiocese of Portland and its employees 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.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex ☐ M ☐ F

Allergies (foods, drugs, insects, etc.) \_\_\_\_\_

Medications (name, dosage, reason) \_\_\_\_\_

Other information (injuries, etc.) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group or ID# \_\_\_\_\_

***In case of emergency, please notify:***

Parent/Guardian (s) \_\_\_\_\_

Day Phone Number(s) \_\_\_\_\_ Evening Phone Number(s) \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

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**THIS FORM TO BE KEPT ON FILE FOR THREE YEARS**