

PERMISSION SLIP

I hereby give permission for my child/children, _____ to participate in the activity described below:

Type of Activity: 8th grade Confirmation Retreat

Description of Activity: Day of prayer and learning in preparation for confirmation

Supervisor of Activity: Fr. Nathaniel

Date and Time of Activity: March 3, 2018 10-6 p.m.

Method of Transportation (if applicable): N/A

Cost: (if applicable) None

My child or children has/have no medical or physical limitations which might limit his, her or their participation in the activity other than those which I have described on the page which I have attached to this Permission Slip. As parents or guardian, I agree that I shall be fully responsible and liable for any injury, harm, or property loss or damage caused by my child or children during the activity. Should my child or children misbehave during the activity, I hereby give my permission for the Supervisor of Activity or his or her designee to direct my child to stop misbehaving, to take "time out" or to be returned home by appropriate means.

Date

Signature

Printed Name

Address

Emergency Phone Numbers

Please return this form by Feb. 28th.