Off-site/Field Trip Permission Form

School/Parish/Program Name Anchor Youth Ministry
Date Event Approved by Supervisor 5/28/19
Person in Charge: Kayla Greiner Grades: 9-12th
Event and Purpose: High School Mission Week
Date(s) of Event: 8/5-8/7 Departure Time: 12:00 PM Time of Return: 5:00 PM
Cost of the Event: Free Form of transportation: Meet @ STA, Bus/Walk
If private passenger autos (volunteers) are specified, will you be able to drive? Yes*, I will be able to drive and accommodate students (a seat belt is required for each student and no child is to be seated in the front seat of a car equipped with a passenger side airbag, unless old enough according to manufacturer's recommended age.) *Drivers will be notified after all slips are returned.
Section 1 - By signing this section, I (parent/guardian) certify that I request and give my permission for (student/participant) to attend this event. Further, I have previously completed the Annual Parental/Guardian Consent Form and Liability Waiver and agree to the conditions as set forth.
Parent/Guardian Signature: Date:
Contact Phone number(s)
Section 2 - Nonprescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (i.e. ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child. Parent/Guardian Signature: Date:
Section 3 - Please list any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the Annual Parental/Guardian Consent Form and Liability Waiver.
Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.
Please return this permission slip by
Supervisor's Signature Kabe Patrizio
(Principal, C/DRE, Youth Director, Pastor, etc.)
This is the only permission slip that will be accepted for this Event
X
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