

NOTES:



ST. PIUS YOUTH

7691 Orangethorpe Av.
Buena Park, CA 90621
714-521-2430

DIOCESE OF ORANGE PARENT PERMISSION FORM

TO THE DIRECTOR OF ST. PIUS YOUTH:

I HEREBY CONSENT TO _____

PARTICIPATING IN THE FIELD TRIP TO

TIME AND DATE:

I understand that transportation will be by

I agree to direct my child to cooperate with the directors and instructions of the supervisory personnel in charge of the field trip. Should it be necessary for my child to have medical or dental treatment while participating in this field trip, I hereby give the youth personnel permission to use their judgment in obtaining medical or dental service for my child and I give my permission to the physician or dentist selected by the youth personnel to render medical or dental treatment deemed necessary and appropriate by the physician or dentist.

I agree that in the event my child is injured as a result of his/her participation in this field trip, including transportation to and from such activity, recourse for the payment of any resulting hospital, dental, medical or related costs and expenses will first be made against any accident, hospital or medical or dental insurance or any available benefit of mine and/or of my spouse.

Parent or Guardian Signature

Address, City, Zip Code

Home Phone

Work Phone

Cell Phone

Pager

Date