

BLESSED MOTHER TERESA PARISH

PERMISSION SLIP

I AUTHORIZE MY SON/DAUGHTER _____ TO

PARTICIPATE IN A FIELD TRIP TO CARDINAL'S MASS FOR ALTAR
SERVERS AT THE CATHEDRAL OF THE HOLY CROSS

LOCATED IN BOSTON, MA

WE WILL LEAVE AT : 10:00AM SATURDAY OCTOBER 13, 2007

AND WE WILL RETURN AT 2:00PM
THE COST OF THE TRIP IS **FREE -**

*****MEET IN
THE
CHURCH
PARKING
LOT*******

IN GIVING THIS AUTHORIZATION, I AGREE THAT I WILL NOT BRING SUIT
AGAINST BLESSED MOTHER TERESA PARISH, ITS EMPLOYEES OR AGENTS,
FOR PERSONAL INJURY THAT MAY BE INCURRED BY MY CHILD. IN THE
EVENT OF A SUDDEN INJURY OR ILLNESS WHILE HE/SHE IS PARTICIPATING
IN THE PROGRAM. I EXPRESS MY CONSENT FOR THE ADMINISTRATION OF
EMERGENCY MEDICAL CARE. IN SIGNING THIS PERMISSION SLIP I CERTIFY
THAT MY CHILD IS COVERED BY HEALTH ACCIDENT INSURANCE.

PLEASE LIST ANY ALLERGIES _____

PARENT/GUARDIAN
SIGNATURE _____ DATE _____

ADDRESS _____ SCHOOL _____ GRADE _____

PHONE _____ AGE _____ DATE OF BIRTH _____

E-MAIL: _____