

**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: \_\_\_\_\_

Location: Regis Campus, 550 W. Regis St., Stayton, OR 97383 Archdiocesan Parish,

School or Agency: Regis St Mary Catholic School – Regis Campus

Dates of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

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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 event which will require supervision by Archdiocesan employees and volunteers.

- I agree to allow my child to participate in this event.
- 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 \_\_\_\_\_ Gender \_\_\_\_\_ Male \_\_\_\_\_ Female

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) \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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