

# PERMISSION FORM

DIOCESE OF METUCHEN - OFFICE OF YOUTH AND YOUNG ADULT MINISTRY

Parish / Group: Mary, Mother of God HS Youth Group

Location: Hillsborough, NJ 08844

Activity: 30 Hour Fast      **THIS IS AN OVERNIGHT**

Cost per student    NONE

**DROP OFF** Saturday May 5 2018 at NOON IN THE YOUTH CENTER

**PICK UP**    Sunday May 6, 2018 at 2:30pm IN THE YOUTH CENTER

Supervising Adult(s):

Phone / Cell #:

JoAnn Power

(908)256-4540

Christine Folsom-Kovarik

(908) 229-8909

**ON SATURDAY ADULT ADVISORS WILL DRIVE TEENS TO VARIOUS SERVICE PROJECTS IN HILLSBOROUGH**

**IF YOU ARE COMING LATE , LEAVING EARLY OR NOT SLEEPING AT MMOG, YOU MUST HAVE A SEPARATE NOTE FROM A PARENT/GUARDIAN.**

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Student Name: \_\_\_\_\_ Age at Time of Event: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State /Zip: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please indicate any special medical problems, dietary needs or allergies: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Parent / Guardian: Please read carefully and sign below**

**I request that my son / daughter participate in the above described activity and consent to the mode of transportation as indicated.**

**Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of the above-named church to act on my behalf and approve appropriate treatment.**

**I specifically waive any and all claims of any nature I may have against the above named Church and/or school, the Roman Catholic Diocese of Metuchen, their representatives, employees, agents and assigns (including, but not limited to, staff and adult supervisors) relating to or arising out of the above described activity including, but not limited to, claims that may be derived from any accident or injury sustained by my son / daughter en route to, during, and/or returning from the activity.**

**I further understand that parish representatives are NOT permitted to dispense medication.**

**During the hours of this trip / activity I can be reached at phone/cell number: \_\_\_\_\_**

**PRINTED Name of parent / guardian: \_\_\_\_\_**

**Signature of parent / guardian: \_\_\_\_\_ Date: \_\_\_\_\_**