

JUNIOR HIGH YOUTH MINISTRY PERMISSION SLIP

My son/daughter has permission to attend all functions at the Newman Catholic Student Center. I understand that he/she will be chaperoned at all times. This permission slip is good for all activities held on site for the 2009-2010 calendar year. When we are planning a trip/activity that includes going off site, there will be an additional permission slip that will need to be filled out at that time.

Student Name _____

Parent Name _____

Home Phone # _____

Cell Phone # _____

Emergency Contact _____

Phone # _____

Medical Information:

Doctor/Clinic _____

Telephone # _____

Dentist _____

Telephone # _____

Any medical information we should be aware of: (please include any medications your child may be on)

Insurance Information:

Name of Insurance _____

Group or Policy # _____

Parent Signature

Date

Student please read and sign:

I am aware of the rules and behavior expectations of me during this activity. If at any time I disobey the requests of the chaperones or cause disruption during an activity, I understand that my parent/guardian will be called to come pick me up.

Student Signature