



APRIL 25TH
BOWLING @ LORE'S LANES NEW MILFORD
BRING \$15 AND PERMISSION SLIP WITH YOU!
MEET THE BUS @ ST. ROSE @ 5:15PM
PICK UP @ ST. ROSE @ 8:30 PM
DINNER NOT INCLUDED.

_____ (Child's name) has my permission to participate in the St. Rose of Lima R. C. Church trip on April 25th, 2010 traveling with Rodd Blessey, or any other chaperones. I understand that neither St. Rose of Lima Church nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

(Phone Number) (Parent or Guardian Signature) (Date)

For Medical Release Purpose

To whom it may concern: As a parent and/ or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release is intended for April 25th, 2010. This form is completed and signed of my own free will with the sole purpose of authority medical treatment under emergency circumstances in my absence.

Signed _____
(Father, Mother, Legal Guardian) (Date)

Address City State Zip

Home Phone Work Phone

Family Physician: _____ Phone: _____

Specific medical allergies, chronic illnesses or other conditions

Another person to contact in the case of emergency:

Name: _____ Phone: _____

Make checks payable to: **St. Rose Youth Group**
