

**GOOD SHEPHERD RELIGIOUS EDUCATION OFFICE
867 GRAY'S WOODS BLVD.
P.O. BOX 8186
STATE COLLEGE, PA 16805
Faith Formation Office PHONE (814) 238-0649**

PARENT PERMISSION FORM

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a church sponsored activity. This activity will take place under the guidance and supervision of employees and/or volunteers from Good Shepherd Church. A brief description of the activity follows:

Name of Event: **Hayride and Bonfire at Stone Valley**

Destination: **Stone Valley**

Designated Supervisor(s) of Activity: **Amelia McGinnis (youth minister)**

Date & Time of Departure: **Friday, October 24th 6:45 (meet at Stone Valley)**

Date & Anticipated Time of Return: **8pm done at Stone Valley**

Method of Transportation: **parents/adult chaperones (if needed)**

Cost: **\$5/person (includes s'mores and cider during bonfire)**

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If you would like your child to participate in this event, please complete, sign, and return the attached statement of consent/waiver of liability and emergency information form.

Please bring all signed forms and payment with you on the day of the trip. Checks can be made out to "Good Shepherd Church".

*Financial assistance is always available. Please call the Religious Education Office for more information or email Amelia at youthminister@goodshepherd-sc.org.

STATEMENT OF CONSENT AND WAIVER

I hereby consent to participation by my child, _____, in the **Stone Valley Hayride and Bonfire**. I understand that my child will be under the supervision of the designated church employees and/or volunteers on the stated dates. I further consent to the conditions stated on participation in this event.

I hereby agree, on behalf of the child, and his/her other parent or legal guardian, to waive any claims for liability against the leaders, this church, the Diocese of Altoona-Johnstown (and any diocesan church officers, agents, or employees) which may arise from the participation of the named child in the **Stone Valley Hayride and Bonfire**.

_____ Date _____ Parent/Guardian Signature
_____ Print Name Parent/Guardian

EMERGENCY INFORMATION

Child Name (Last) _____ (First) _____ (Middle Initial) _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____

Mother's Name: _____ Cell Phone _____
Father's Name: _____ Cell Phone: _____
Father's Place of Business _____ Business Phone _____
Mother's Place of Business _____ Business Phone _____
(*please asterisk the phone number that we should try FIRST, in case of emergency)

In case of accident or serious illness, I request the chaperone in charge to contact me (or person named above). If they are unable to reach me, I hereby authorize them to make whatever arrangements seem necessary. I authorize EMERGENCY medical treatment to be given to my child.

Signature of Parent or Guardian _____

Medical Insurance Carrier _____

Policy or Hospitalization Number _____

If needed, can Tylenol or Advil be given to your child? _____

Does your child have any allergies? _____

Any physical condition that is limiting?

List: _____

Any surgery, injury, or serious illness that is limiting?

List: _____

Taking any prescribed medication routinely?

List: _____

If Yes, Will they have the medication with them? _____ Does leader need to administer? _____

Any additional problems not covered above?

List: _____