PARENT / GUARDIAN
PERMISSION SLIP / MEDICAL AUTHORIZATION / INDEMNITY AGREEMENT

SPONSOR OF ACTIVITY _____

ACTIVITY _____

DATE(S) OF ACTIVITY _____

PLACE OF ACTIVITY _____

As parent and/or legal guardian of _____, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____
Name of Parish/School
its officers, directors, employees and agents, and the Archdiocese of Santa Fe, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Archdiocese of Santa Fe, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Archdiocese of Santa Fe.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me, please contact: Name & Relationship: _____
Phone: _____

I hereby authorize the Supervisor of the activity or his/her designee to administer the following medication to my child according to the instructions described here:

Medication: _____

Directions: _____

If the medication is prescribed by a doctor, the prescription in its original container will be provided to the Supervisor of the activity.

Name of Physician _____ Phone _____

Signature: _____ Date: _____
Parent/Guardian

Print Name: _____

Phone: _____ _____
Home Work