



Middle School
Halloween Costume Party



Saturday, October 21 from
6:00-8:00pm
at St. Elizabeth's



Off-site/Field Trip Permission Form

Program Name: Middle School Halloween Party Date: October 21, 2017 Grades: 6-8
Person in Charge: Emily Gignac & Sarah Casey
Event and Purpose: Halloween party
Cost of the Event: Free, bring a spooky snack to share

Participant's Name _____ Parish _____
School _____ Grade _____
Parent/Guardian Name _____ P/G e-mail _____
Address _____ P/G phone _____

Section 1 - By signing this section, I (parent/guardian) certify that I request and give my permission for _____ to attend this event.

(name of student/participant)

Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

Parent/Guardian Signature: _____ Date: _____

Contact Phone number(s) _____

Section 2 - Nonprescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature: _____ Date: _____

Section 3 - Please list (continue on separate sheet if needed) any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

Please return this permission slip by October 18, 2016

Supervisor's Signature

Sarah Casey

(Principal, C/DRE, Youth Director, Pastor, etc.)

I am interested in chaperoning this event. _____
Name

This is the only permission slip that will be accepted for this Event