



Holy Family Academy

Ad Majorem Dei Gloriam

P.O. Bos 842, Mount Angel, Oregon 97362

Telephone: 503-792-3630

Parent/Legal Guardian Event Permission Slip for Students

Please complete one form for each child.

To be completed by Parent/Legal Guardian:

I, _____, the undersigned, give my/our permission for my/our son/daughter to take part in off-premises events which will require transportation and supervision by Holy Family Academy staff and volunteers. I understand that I will be notified of each event. I authorize Holy Family Academy staff to secure any and all necessary medical services for my child in the event of accident or illness. Further, I agree to be solely responsible for the payments of those services.

Child's Name: _____ Date of Birth: _____ M/F _____

Allergies (foods, drugs, insects, etc.)

Medication (name, dosage, reason)

Other information (injuries, etc.)

Insurance Carrier _____ Group or ID # _____

In case of emergency, please notify:

Parent/Guardian(s) _____

Day Phone Number(s) _____ Work _____

Child's Doctor: _____ Phone _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

This form will be kept of file.