

**SAINT JOSEPH PARISH
PARENTAL PERMISSION & RELEASE FORM**

My child, _____, has my permission to participate in the parish sponsored trip to:

The Washington D.C. March for Life on January 19, 2018.

Planned departure time is 6:30 AM from our church parking lot - to keep to this schedule we want everyone to be at the Church by 6:15 AM promptly!

Return time to Saint Joseph parish is 7:00 PM.

As in the past those attending the Pro Life March in Washington need to provide their own food, drinks and dress for the possible cold weather.

The youth by signing below agrees to follow all rules set forth by the organizers of the Parish Bus Trip and Mister Austin, and will stay with the group at all times. They also agree to be a good Christian witness to all they encounter in Washington D.C. or any place on our travels.

PARENT/ GUARDIAN NAME _____

EMERGENCY PHONE NUMBER (work or cell?) _____

YOUTH PARTICIPANT NAME _____

MOBILE NUMBER (if teen has one) _____

PARTICIPANT SIGNATURE _____

Every minor **MUST** return the signed Permission Form before being permitted to participate on this trip.

_____/_____/_____
Parent or Guardian Signature Phone Date

Medical Insurance Carrier: _____ **Group #:** _____

As a parent/guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for my child _____ in the event of a medical emergency which, in the opinion of the attending physician, may endanger his 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. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I accept responsibility for any medical expenses as a result of any such injury sustained. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I hereby agree to indemnify and hold harmless Father Anthony Rossi, St. Joseph Parish, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability.

Parent/Guardian Signature Date