

SERVICE DAY

SAINT CLEMENT PARISH - APRIL 29, 2017

EMERGENCY AUTHORIZATION & DISMISSAL & OFF CAMPUS SERVICE PERMISSION FORM

****ONE FORM PER CHILD PLEASE – GRADES K-5****

(please print or type)

Student's full legal name _____ Date of birth ____/____/____

Mother's name _____ Mother's cell phone # _____

Father's name _____ Father's cell phone # _____

Home phone # _____

We ask that all parents participating in Service Day off-site carry a cell phone in case of an emergency.

Emergency relative _____ phone # _____

Emergency physician _____ phone # _____

Allergies (food, medication, bee sting, etc.) _____

IN CASE OF AN EMERGENCY INVOLVING MY CHILD, I UNDERSTAND 911 WILL BE CALLED BY A MEMBER OF THE SAINT CLEMENT STAFF. A PARENT/GUARDIAN WILL BE CONTACTED, AND I AGREE TO MEET MY CHILD AND A STAFF MEMBER AT THE HOSPITAL.

Parent/guardian name (please print) _____ Date _____

Parent/guardian signature _____

DISMISSAL & OFF CAMPUS SERVICE – ALL GRADES

Child's Name _____ Child's Grade _____

I understand that my child needs to be picked up from Fireside Hall between 4:30 & 4:45pm. I understand that I will need to sign a dismissal form when picking up my child, and that my child will only be released to me, the parent/guardian of the child.

I hereby give my child permission to go off campus to complete a service activity. I will find out the week of the event where my child will be serving. I understand that all off campus service projects are walking trips. I believe that the trip will be supervised adequately and that every precaution to ensure the safety of the children will be taken. Beyond this, I will not hold Saint Clement Parish or those supervising the trip responsible.

Parent/guardian name (please print) _____ Date _____

Parent/guardian signature _____

This form must be returned to Saint Clement Church by **Monday, April 24**, attn: Service Day.