



# Life Teen Permission Slip

Name of Student \_\_\_\_\_

Address of Student \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # of Student \_\_\_\_\_

**ACTIVITY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**COST:** \_\_\_\_\_

\*\*\*\*\*

I, \_\_\_\_\_, give my permission for my son or daughter to attend the above event. If needed for medical reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical personnel. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**In Case of Emergency Please Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE RETURN TO: Mark Ranieri, Youth Minister  
Our Lady of Lourdes  
2 Barton Ave  
Utica, NY 13502  
(315) 982-2288.**

