

**St. Joseph Church Permission Form
for a
Faith Formation Activity Off-Site**

Permission for: _____
(Activity)

Child's Name: _____

Parent/Guardian Name: _____

Home Address: _____

Date of Activity: _____ **Grade:** _____

Home Phone: _____

Parent/Guardian Cell phone &/or Work phone:

I hereby give permission for my child to participate in the above activity which will be held off-site. In the event that my child is injured, I understand that first aid will be administered to the best of the leader's ability and hospital care given if necessary. I further understand that all attempts will be made to contact me. I give my permission for emergency treatment or surgery as recommended by the attending physician. I hereby waive St. Joseph staff and adult volunteers from any and all liability for accident or injury.

Parent/Guardian signature _____

