

**ST. MATHEW CATHOLIC PARISH
ARCHDIOCESE of SAN FRANCISCO
PARENTAL PERMISSION FORM
YOUTH MINISTRY RETREAT**

PD ENT

STUDENT'S NAME _____

Do not fill out this section unless this information has changed since registration:

Address _____ Street, City, ZIP
Primary Telephone _____ Secondary Telephone _____
PERSON(S) OTHER THAN PARENT TO NOTIFY IN CASE OF EMERGENCY
Name _____
Telephone _____

Date Saturday Jan 8th thru Jan 9th Time Depart St Matt's at 7:30am on 1/8

Location Camp Jones Gulch, La Honda

I, THE PARENT (GUARDIAN) of the above named student, hereby, give my permission of his/her participation in the Youth Ministry Retreat. I AGREE to direct my child to cooperate and conform to the directions and instructions of the parish, school or Archdiocesan personnel responsible for the activity.

I AGREE that in the event my child is injured as a result of his/her participation in the above named activity, including the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan or mine or my spouse.

I AM NOT AWARE of any medical condition of my child that would render it inappropriate for him/her to participate in the activity.

I, hereby, give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

PARENT/GAURDIAN SIGNATURE

DATE