



Life Teen Permission Slip

Name of Student _____

Address of Student _____ City _____ Zip _____

Home Phone # of Student _____

ACTIVITY: _____

DATE: _____

TRANSPORTATION: _____

I, _____, give my permission for my son or daughter to attend the above Our Lady of Lourdes 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(s) during the said event.

Parent/Guardian Signature

Date

EMERGENCY CONTACT & PHONE NUMBER TO REACH DURING THIS EVENT:

Name: _____ Phone: _____

**PLEASE RETURN TO: Mark Ranieri
Our Lady of Lourdes
2 Barton Ave
Utica, NY 13502
(315) 765-1030**

