



ARCHDIOCESE
OF PORTLAND IN
OREGON

CHURCH/SCHOOL EVENT PERMISSION FORM FOR STUDENT/YOUTH

LOCATION INFORMATION School Church

Date: 10/22/22

Name: St. John the Apostle Church

Phone: (503) 742-8201

Address: 417 Washington Street City: Oregon City Zip: 97045

CONTACT PERSON

Name: Maria Holmes Phone: 503 742 8201 Email: m-holmes@sjacatholicchurch.com

TO BE COMPLETED BY SPONSORING CHURCH OR SCHOOL

Event: Youth Retreat Location: Silver Falls OR - Smith Creek

Church or School: SJA Catholic Church

Date of event: 10/22/22 Departure date: 10/22/22

Departure time: 8:00 AM PM Return date: 10/22/22

Estimated time of return: 7:00 AM PM Mode of transportation: Volunteer Driver / Adult Chaperones

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

Child's Name: _____ Date of birth: _____ Sex: Male Female

Female

Person(s) to notify in case of an emergency:

Name: _____ Phone 1: _____ 2: _____

Name: _____ Phone 1: _____ 2: _____

Name: _____ Phone 1: _____ 2: _____

Family physician: _____ Phone: _____

Allergies (foods, drugs, insects, etc.): _____

Medications (name, dosage, reason): _____

Other information (injuries, special needs, etc.): _____

Insurance carrier: _____ Group or ID#: _____

I, _____ the undersigned, give my permission for _____
(Parent/Legal Guardian) (Child)

to take part in the above off premises event and authorize the Church/School to provide transportation to and from the event.

I also authorize the Church/School and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for payment for those services.

Parent/Guardian Signature: _____ Date: _____