



# Saint Catharine's Parish Religious Education Program

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## Parental Permission For Child's Participation In Parish-Sponsored Trip

Date : \_\_\_\_\_

To whom it may concern:

I request that my child \_\_\_\_\_ attend and participate in the activities connected with the trip to the Marian Shrine, which will be held on April 24, 2009 (Marian Shrine is located at 174 Filors Lane, Stony Point, NY). I understand that transportation to the Marian Shrine will be by bus. My child needs to arrive at St. Catharine's parking lot at 8:30 am and be picked up at 2:30 pm. Part of the Confirmation fee will be used to cover the expense of the retreat.

Should an emergency arise I also give permission for my child to be diagnosed and/or treated and medicated in accordance with standard medical practice by licensed medical personnel. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

I hereby release St. Catharine's Parish, the Archdiocese of New York, and all of their agents and representatives from any and all liability in case of accident or injury incurred during this trip.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Address

Phone number where I can be reached during the retreat. \_\_\_\_\_

Pediatrician's phone number \_\_\_\_\_

**+ Building a community of faith where we feel loved and respected.**

