

Jump Street Permission Slip

Participant Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Parent Email _____

Father's Full Name _____ Cell Phone _____

Mother's Full Name _____ Cell Phone _____

Other Emergency Contact _____ Phone _____

Are there any known allergies to food or medications that we should know about?

Any medications currently taken: _____

List medications your child has permission to self-medicate: _____

I hereby authorize a responsible adult to dispense to my child, if needed, only following that are initialed by a parent or guardian (Please initial all that apply).

____ Tylenol ____ Ibuprofen ____ Aspirin ____ Imodium AD ____ Pepto Bismol
____ Advil ____ Benedryl ____ Alka Selter ____ Topical Antiseptic ____ Cold Medication

This activity will take place on August 22, 2010 at Jump Street in Glendale, AZ. The fee for this event is \$15.00. Check-in time at St. Bernadette on 8/22/10 is: 6:00pm. Return time to St. Bernadette on 8/22/10 is: 9:00pm.

I request that my son/daughter participate in the activity, LIFE TEEN Kick-off at Jump Street, sponsored by St. Bernadette Catholic Church. I understand that reasonable precautions will be taken to safeguard the health and well being of my child and that I will be notified as soon as possible in the event of an emergency. In case of any sickness or accident, I authorize and consent to any x-ray, exam, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care to be rendered to my child under the general or specific supervision and on the advice of any physician, dentist or surgeon licensed to practice. I further understand and agree to be responsible for any such medical, dental, or hospital expenses incurred. Further, in the event of sickness or accident, I will not hold St. Bernadette Catholic Church, the Diocese of Phoenix, or any youth leader responsible.

Parent / Guardian Signature: _____ **Date** _____