ST. FRANCIS XAVIER PARISH PERMISSION FORM 155 STRINGER LANE, MT. WASHINGTON, KY. 40047

I,	(parent/guardian) Request that my child be allowed to go to		
	be anowed to	o go to	
On	.		
I further give permission for my whose care my child has been en			
In consideration of permitting myself and my child (children) wagainst the Office of Religious E Xavier Parish, the Archdiocese centrusted to, including any designing injuries or losses suffered by said	vaive and release any ducation of Saint Fr of Louisville and any nated driver of a van	and all claims that I manner and all claims t	ight have Francis child is any and all
Allergies:			
Is your child currently taking any		1 11 10 1 10	
Do we have your permission to d	dispense Tylenol or A	Advil, if needed?	
In case of any medical emergence the parents or guardians of the ch the Parish. In the event that I can physician selected by the Coordi proper treatment for, and to orde	nild participating in to nnot be reached, I he nator of Religious Ed r injection, anesthesi	he Religious Education reby give permission to ducation to hospitalize,	program of the secure d, as named
agree(s) to pay all cost and experservices rendered to the aforement	nses incurred in conn	ection with such medic	al and dental
Signature of Parent/Guardian		Date	
Address			
Home Phone	Cell	Work	
Emergency Contact			
Home Phone	Cell	Work	
Family Physician			
INSURANCE CARRIERNUMBER		POLICY	