



*St. Patrick Catholic Community
Off-Campus Permission Form*

I/We, the parent(s)/guardian(s) of _____
Name of Child

Request that the parish allow my/our son/daughter to participate in:

Activity/Trip/Destination/Date/Time

We hereby release St. Patrick Catholic Parish and any and all of its employees/volunteers from any and all liability for any and all harm arising to my/our son/daughter as a result of this trip. I/We also give permission for an employee or volunteer to transport my teen, if necessary. If you have other transportation for your teen, please indicate so.

Parent/Guardian: _____ Date: _____

Emergency Phone: _____