

**ST. JAMES YOUTH MINISTRY TRIP  
RELEASE FORM/PERMISSION SLIP**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
hereby give permission for my child to go to **ND VISION, Great Bend, Indiana**, from  
July 12, 2010 till July 16, 2010. I understand that the transportation is to be provided by a  
van, which will be driven by adult chaperones.

I hereby release St. James Church and its agents from any liability for injury or  
accident during this outing. I also give permission for the use of pictures that may be taken  
of my child during this event.

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(Date)

**PLEASE COMPLETE THE FOLLOWING:**

In case of emergency, please notify the parent/guardian at the following phone number:

\_\_\_\_\_.

In case parent/guardian cannot be reached, please contact the following person:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Personal physician:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Additional information about your child that you feel we should know in case of an emergency  
(allergies, medications, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_