

Saint John the Baptist Faith Formation
209 South Street
Waunakee, WI 53597
608.849.5121

Permission Slip

I hereby give permission for my child _____ to
(child's name)
participate in the activity _____ on _____.
(please list activity here) (date)

I hereby release and indemnify Saint John the Baptist Congregation, its staff, volunteers, and the Diocese of Madison from any and all liabilities arising from claims of any nature whatsoever from my child's participation in this event. I understand that if my child breaks the rules set forth by Saint John's, I will be notified and expected to pick up my child immediately.

Participant Signature: _____
Date: _____

Signature of Parent/Guardian _____
Date: _____

On _____ I can be reached at this number: _____
(date)

In case of emergency, please contact: _____ (name)
_____ (number)

Please list medical information here:

Doctor's Name: _____ Phone Number: _____

Any allergies or medical situations we should know about: _____

