PERMISSION SLIP

As the parent/legal guardian of _____ permission is hereby given for my child to attend a SEED Retreat at: _____ (Destination) from _____ (Date) to _____ (date.

I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify the SEED Retreat team, Youth Ministers, Volunteers, CLC-USA, Dong Hanh CLC and the Diocese of Arlington, Diocese of Philadelphia and the Diocese of Worcester for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity. **I further give my consent to** that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. *I authorize the SEED Retreat team to use my child's picture or video recording for educational and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should so notify the SEED retreat team in writing.*

Date of Birth Date of last Tetanus Booster

Known allergies including any allergies to medicine (Continue on back of form if needed)

Any other medical problems which should be noted (Continue on back of form if needed)

Name of Parent/Guardian

Address City/State/Zip

Phone Home Work Mobile

Person responsible for charges (if different from above)

Address City/State/Zip

Phone Home Work Mobile

Person to notify if parent/guardian is unavailable

Phone Home Work Mobile

Family Physician Phone

Insurance Carrier & Policy Number

Signature of Parent Date

Signature of Witness Date