

**Summer Fun with Seminarian Luke
2019 Permission Slip**

I, _____ (parent/guardian) give permission for my son/daughter, _____ to participate in Our Lady of Hope Summer Faith and Fun Camp on July 23, July 30, and August 6, 2019. In the event that I cannot be reached, I hereby grant permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by a licensed medical personnel.

My child is allergic to (medication/food/other): _____
My child is taking medication (indicate dosage, frequency, etc.): _____
You should be aware of these special medical conditions of my child (dietary, asthma, walking assistance, bee sting allergies, other concerns): _____ _____

Please provide all necessary information about insurance:
Insurance Carrier: _____
Policy Number: _____

In case of emergency, notify: _____
Daytime Phone#: _____
Alternate Phone#: _____

I will not hold Our Lady of Hope nor the Diocese of Arlington, chaperones, or representatives in association with this activity responsible in the event of injury.

Student's Name: _____
Parent's Signature: _____
Phone: _____

Please submit completed form to the Parish Office.

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