

Jr. High Halloween Dance



Hold Harmless/Consent to Treat/Parental Consent

Participant's Name _____

Parent/Guardian Name _____

Cell Phone _____

Emergency Contact/Phone# if parents don't answer: _____

I, the undersigned parent/legal guardian of _____ request that my child be allowed
(name of participant)

to participate in the junior high Halloween dance at the grade school gym on October 25 from 8:30 – 10:00 pm. I do hereby agree to hold harmless and indemnify the Diocese of Springfield, St. Francis of Assisi parish, and any and all of its agents, employees, chaperons, drivers, coaches or other adults acting as official agents of the above-named parish and diocese from any prosecution resulting from the injury/death of my child as a result of participation in this activity.

Further, in the event of injury to my child, and I cannot be reached, I hereby give permission for necessary medical treatment to be performed by a physician should the need arise.

I also authorize St. Francis Parish to use photos taken during this event for publicity or ministry uses.

Additional Details...

Eat, drink, and be scary at the Junior high Halloween dance on Oct. 25 from 8:30 – 10:00 pm in the grade school gym. Cost is \$5.00. Feel free to bring snacks to share with the group! Soda & water & snacks will be provided! ALL STUDENTS from UNIT 50 GRADES 7&8 are welcome to attend this dance. All students who attend need this permission slip to turn in on the night of the dance! If a student requests to leave early from this dance, they will be asked to call home to okay it with a parent.

(Signature of parent/guardian)

(date)