

**Archdiocese of Los Angeles & Diocese of San Jose
St. Raphael's Church & St. Lucy Parish
PARENT PERMISSION SLIP**

To: ST. RAPHAEL'S PARISH, SANTA BARBARA and ST. LUCY PARISH, CAMPBELL

I HEREBY CONSENT TO (Print your Childs Name) _____

PARTICIPATING IN THE ST.RAPHAEL'S LIFE TEEN CAMP AT FORREST HOME IN OJAI CA. I agree to direct my child to cooperate and conform with directions and instructions of the supervisory personnel in charge of the field trip. Should it be necessary for my child to have medical treatment while participating on this trip, I hereby give the parish personnel permission to use their judgment in obtaining medical service for my child and I give permission to the physician selected by parish personnel to render medical treatment deemed necessary and appropriate by the physician.

I agree that in the event my child is injured as a result of his or her participating in this above named youth activity, including transportation to and from such activity, whether or not caused by the negligence (active or passive) of the parish or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity. I understand that camp photos will be taken and possibly be on the internet.

Parent or Guardian Signature: _____

Parent Name (Please Print): _____

Childs Name (Please Print) : _____

Address: _____ City: _____ ZIP: _____

Home Phone: _____ Parent's Cell Phone: _____

EMAIL _____ Date Signed: _____ Family

Physician: _____ Phone: _____ T Shirt Size _____

Please explain any medical concerns: _____

All Prescription medications must be handed to the camp nurse

Camp Dates July 7-11, 2015 (Tuesday-Saturday)

AT FOREST HIOME

A \$75 Deposit is due with this form in order to hold a spot

Balance due by: JUNE 1st. Fundraising available. Space is limited

Make checks payable to St. Lucy Parish (Memo: Life Teen Summer Camp)

NO REFUNDS AFTER JUNE 15

Child's Name: _____

School: _____

Grade: _____

Deposit: _____

**Transportation will be provided By St. Lucy's Youth Ministry.
An informational Parent meeting will be held for all parents in June**