

# DIOCESE OF DAVENPORT PARENTAL PERMISSION FORM

I, \_\_\_\_\_, give permission for my son/daughter, \_\_\_\_\_, to participate in \_\_\_\_\_ program sponsored by the Diocese of Davenport, to be held \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_. In the event of sickness or accident, the adults supervising the \_\_\_\_\_ program have my permission to secure medical care for my child. I understand that my child will be transported by an adult from my parish, both to and from \_\_\_\_\_, and to service projects within the Diocese. I hereby release the Diocese of Davenport and all adult sponsors from any and all claims arising out of or from any accident or other occurrence, causing injury to any person or property, during this event.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Please list any special medical or dietary considerations:

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If needed, my child may be given (circle each approved):  
ASPIRIN TYLENOL ADVIL

Return this form, along with your Medical Release form, to your team leader to turn in with your group registration.