

St. Peter the Apostle Catholic Parish
5431 Johnsontown Road
Louisville, Kentucky 40272

RELIGIOUS EDUCATION GUEST PERMISSION SLIP

My name is: _____

and I am the parent/guardian of:

_____ Date of birth: _____

_____ Date of Birth: _____

whom ask to be allowed to participate as a guest in the **Parish Religious Education Program** of your parish held on the Columbine Drive campus

on: (date) _____.

I have given my permission for my children to arrive and depart from the Columbine campus with this student in your program:

Student in our program: _____ Car rider # _____.

I understand the purpose of this activity is the religious education of St. Peter the Apostle children.

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child (children) waive and release any and all claims that I might have against any employee or volunteer of St. Peter the Apostle Parish or St. Andrew Academy, including the pastor, principal and pastoral associate as well as against the institutions of St. Peter the Apostle Parish and St. Andrew Academy, for any and all injuries or losses suffered by said child (children) while engaged in the above activities.

If my child(ren) become ill or is (are) injured and emergency treatment is deemed necessary, I give my permission for EMS to transport my child(ren) to _____ Hospital in the event I or the other parent/guardian cannot be reached.

Parent/Guardian's Name (please print) #1

Parent/Guardian's Name (please print) #2

Signature of Parent/Guardian #1

Signature of Parent/Guardian #2

Cell phone number of #1

Cell Phone number of #2