

**ST. PHILIP THE APOSTLE PARISH RELIGIOUS EDUCATION PROGRAM  
Confirmation Service Project Permission Form**

**DATE:** \_\_\_\_\_ **SERVICE PROJECT SITE:** \_\_\_\_\_

**SITE ADDRESS:** \_\_\_\_\_

**SITE PHONE #:** \_\_\_\_\_ **CONTACT PERSON:** \_\_\_\_\_

**PROJECT DESCRIPTION:** \_\_\_\_\_

I give permission for my son/daughter \_\_\_\_\_ to be involved in the confirmation service project listed above. Students will need to provide their own transportation to and from the service project site. Adult representatives from St. Philip the Apostle Parish will supervise each service project.

I will not hold the parish or any adult involved in the project responsible for any accident that may result from involvement in this activity. I also give permission for my child's picture to be placed on the parish website, parish bulletin, or parish bulletin board. In case of an accident or emergency, please contact me at the following telephone #: \_\_\_\_\_

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

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergic to medication/other? \_\_\_ No \_\_\_ Yes/What? \_\_\_\_\_

**INSURANCE INFORMATION**

Policy in the name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ ID#/SS#: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address/City/Zip: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Emergency Contacts (if parents cannot be reached):

(1) Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

(2) Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

(3) Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_