

# Lourdes Matha Syro Malabar Catholic Church

1400 Vision Drive, Apex, NC 27523

## Parent Consent Form 2018-19

I give permission for my child(ren) to participate in all Church/Sunday School sponsored events/trips either within or away from the school premises throughout the current school year. I understand that my child will be under the supervision of the designated Teacher/Volunteer during these events. In case of emergency, I give permission for my child(ren) to be taken to a physician or hospital either by a teacher in charge or by a church volunteer. I understand that every effort will be made to contact me. As parent or legal guardian, I remain legally responsible for the consequences of any personal actions by the named student(s).

**Please indicate your permission below:**

Yes..... No.....

**Name of Student(s):**

1. -----
2. -----
3. -----
4. -----

**Name of Parent/Guardian:**-----

Signature of Parent / Guardian :-----

Date: -----

### **Medical Information**

Insurance Company:-----

Policy No. ----- Group No. -----

### **Emergency Contact numbers:**

Mother: -----

Father: -----

Other: -----

Parents' email: -----