



**ST. THOMAS MORE
ST. VINCENT DE PAUL YOUTH CONFERENCE**

PRIMARY Permission Slip

Dear Parents or Guardian:

Please use this blank **PRIMARY Permission Slip** in order for your child to participate in St Vincent de Paul Youth Conference Activities. After this form has been submitted to Kathy Dominguez 924.9212 or Joy McCullough 838.4104, please use the Permission Slip Addendum (form #SVDPYC-08-002) for any activity where a Leader will be taking your child to the activity's location.

My child _____ has my permission to participate in service activities with St. Thomas More St. Vincent de Paul Youth Conference.

Please understand that the programs we offer are always chaperoned and meant to be a safe and happy environment for your child. To be able to care for your child properly, and to be prepared in case of emergency, we ask that you please fill out this form.

PARENT INFORMATION

Parent/Guardian: _____ Home Phone: _____

Parent's Cell Phone: _____ Other Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Other Contact Name: _____ Relationship: _____ Phone: _____

EMERGENCY INFORMATION

Insurance info: Company Name: _____ Phone: _____

Group#: _____ ID# _____ Primary Insured: _____

Primary Physician: _____ Dentist: _____

Does the Child have any allergies or medical information that would be useful to know in case of emergency? _____

Parent's Signature: _____ Date: _____