

ALL MIDDLE SCHOOL YOUTH ARE INVITED!  
(In-coming 6th, 7th & 8th Graders)



**Bowman Woods Pool Party**  
**Monday, August 16, 2010**  
**8:30 - 10:00 p.m.**  
**Cost: \$6.00**

**Food & Beverages Provided**  
**Pool is at Boyson Rd &**  
**Brentwood Dr NE**  
**(near Bowman Woods Elementary)**

**IF THE WEATHER CAUSES**  
**CANCELLING OF SWIM, THERE WILL BE**  
**A PARTY IN THE ST. PIUS YOUTH ROOM**

*Brought to you by:*  
*St. Pius X & St. Elizabeth Ann Seton*  
*Youth Ministry*

## Off-site/Field Trip Permission Form

- Program Name: Middle School Swim Party
- Date: August 16, 2010
- Grades: 6-8
- Person in Charge: Angie Bulman & Lisa Bejarno
- Event and Purpose: A fun activity to kick-off the school year
- Cost of the Event: \$6

Name \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Section 1** - By signing this section, I (parent/guardian) certify that I request and give my permission for \_\_\_\_\_ to attend this event.  
(name of student/participant)

Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

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

Contact Phone number(s) \_\_\_\_\_

**Section 2** - Nonprescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

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

**Section 3** - Please list (continue on separate sheet if needed) any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

\_\_\_\_\_  
\_\_\_\_\_

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

**Please return this permission slip by August 13, 2010**

Supervisor's Signature

(Principal, C/DRE, Youth Director, Pastor, etc.)

I am interested in chaperoning this event. \_\_\_\_\_

Name

**This is the only permission slip that will be accepted for this Event**