



**Diocese of Trenton**  
**OFF SITE STUDENT PERMISSION SLIP**

*Please print or type all information below. Thank you.*

Student's Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Town State Zip*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

**Special Event/Activity/Retreat Information**

Name of Event/Activity/Retreat: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_  
\_\_\_\_\_

**Promotional Release:** I consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

***Parent/Guardian Initial for Approval:*** \_\_\_\_\_

**Consent:** I, the Parent/Guardian of the above named student grant my permission for him/her to participate in the special parish/diocesan religious education event/activity/retreat for which this form is intended. I understand that this event will be taking place offsite and that this activity will take place under the guidance and direction of employees and/or volunteers of the Parish and/or the Diocese of Trenton. I/we agree that, in consideration of our child being permitted to join said event/activity/retreat, we each hold harmless and indemnify the Parish and the Diocese of Trenton and their agents and employees against any and all claims for injury to our child involving said event/activity/retreat.

We have also read the specifics on the accompany cover letter.

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

Email Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

***\*A cover letter should accompany each permission slip stating the purpose of the day, etc.***