



**St. John the Apostle Catholic Parish
516 Fifth Street
Oregon City, Oregon 97045
503-742-8230**

**Will host a
Winter Wonderland Dance
For 6th, 7th & 8th Grades**

**Friday
January 26th, 2018
7:00PM to 9:00PM
\$10.00 Admission**

**Appropriate dress please
Let's have fun!**

**Volunteers needed to chaperon.
We must have you to have a dance!
If you have any questions please contact
St. John the Apostle Catholic Parish**

**@
503-742-8202**

ARCHDIOCESE OF PORTLAND

Parent/Legal Guardian Event Permission Slip
For Student/Youth

TO BE COMPLETED BY SPONSORING PARISH/SCHOOL

Below please find a brief description of the schedule of activities:

Event: Winter Wonderland Dance Location: St. John the Apostle School Gym
516 Fifth Street
Oregon City, Oregon 97045

Sponsored by Archdiocesan Parish, School or Agency: St. John the Apostle Parish

Date: Friday, January 26, 2018 Time: 7:00 PM to 9:00 PM

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I, _____ the undersigned, give my permission for _____
to take part in an off-premises event which will require parent transportation and supervision by Archdiocesan
employees and volunteers.

I agree to allow my child to participate in this event.

I also authorize the Archdiocese of Portland and its employees or chaperones to secure any and all necessary
medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible
for the payment of those services.

Child's Name: _____ Date of Birth _____ Male _____ Female _____
Allergies (food, drugs, insects, etc.): _____
Medication (names, dosage, reason): _____
Other information (injuries, etc.): _____
Insurance Carrier: _____ Group or ID#: _____

In case of emergency, please notify:

Parent/Guardian (s): _____
Day Phone: _____ Evening Phone: _____
Child's Doctor: _____ Phone Number: _____

Parent/Legal Guardian Signature _____ Date _____