CATHOLIC DIOCESE of SALINA

3. STUDENT
EVENT PERMISSION SLIP

Combination of:
- Form D
- Form D-1

This form is required for **EACH EVENT** and documents parent permission for the student listed below to participate in the event described. A completed copy must be maintained at the parish/school level. A copy must also be submitted to the Diocese of Salina, Office of Youth Ministry, for those participating in Diocesan Youth Ministry events.

1. EVENT INFORMATION
(To be completed by the parish/school staff)

Event Name: _____

Location: _____

Dates: _____

Cost: _____

Return this form to: _____

2. TRANSPORTATION
(To be completed by the parish/school staff)

☐ The parish/school will provide transportation to and from this event.

☐ Parents are responsible for dropping off and picking up their child for this event.

☐ Other: _____

3. STUDENT INFORMATION
(To be completed by the parent/guardian)

Student Name: _____

Parish/Town: _____

4. PARENT ACKNOWLEDGEMENT
(To be completed by the parent/guardian)

☐ There have been **no changes** to the medical information provided on the Annual Student Permission and Medical Form

OR

☐ There have been changes to my child's medical information.
Please explain: _____

By signing below, I give permission for my child to attend this event and consent to the transportation arrangements indicated above.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Phone Number: _____