

Youth & Young Adult Event Permission Slip

Event Details

Event Name: Vocations Day

Date: March 16, 2024

Location: Mercer School of Theology, 65 4th St, Garden City, NY 11530

Start Time: 9:00 am

End Time: 1:00 pm

Student Information

Full Name:

Grade: **Age:**

Emergency Contact Number:

Medical Conditions/Allergies:

Parent/Guardian Information

Full Name:

Phone Number:

Email:

The Right Reverend Lawrence C. Provenzano, Bishop

36 Cathedral Avenue, Garden City, NY 11530 | Office: 516-248-4800 | Fax: 516-877-1349 | dioceseli.org

Permission and Release:

I, the undersigned parent or legal guardian of the above-named student, hereby grant permission for my child to attend the Vocations Day organized by the Episcopal Diocese of Long Island on March 16th. In case of emergency, I can be reached at the provided contact number. In the event that I cannot be reached, I authorize the event organizers to seek and consent to any necessary medical treatment for my child. I acknowledge that my child is expected to adhere to all rules and guidelines set forth by the event organizers and the chaperones.

I release the Episcopal Diocese of Long Island, its staff, volunteers, and any affiliated entities from any liability in the event of injury, loss, or damage to personal property.

Parent/Guardian Signature: _____

Date:

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