

Torrington Cluster of Roman Catholic Parishes
Office of Religious Formation
Pope John Paul II Pastoral Center
160 Main Street Torrington, CT 06790 860-482-4433

Torrington Confirmation Program

Parental Permission Form

TorringtonConfirmation@yahoo.com

www.torringtoncatholics.org

Student's Name _____ Phone _____

Parent's Name _____ Phone _____ Cell _____

Student's Street Address _____

City/State/Zip _____

I grant permission for my son/daughter _____ to travel to **St Thomas Seminary in Bloomfield, CT** by way of P.A.L. bus on September 18, 2011 with the Torrington Confirmation Program.

As parent and/or legal guardian, I remain legally liable for any actions or damage made by the above named minor. I agree on behalf of myself, my child named herein, our heirs, successors and assigns to hold harmless and defend the Torrington Cluster of Roman Catholic Parishes (Sacred Heart, St. Francis, St. Mary and St. Peter) and P.A.L. and all their officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my child attending this event or in connection with any illness or injury or cost of medical treatment in connection there with.

In the event of an emergency and I cannot be reached, I hereby give permission to transport my child to a hospital or medical facility and to seek medical attention.

Emergency Contact:

_____ Relationship _____

Phone _____

Please note any allergies the child may have or any medications they need:

Signature of Parent _____ Date _____