



SAINT JOHN the EVANGELIST CATHOLIC SCHOOL

111 JOHN E MANN STREET, WARRENTON, VA 20186

Parental Consent Form for After School Activity

Club: _____

Student's Name: _____

Address: _____

Home Phone: _____

Parent's Name: _____

Parent's Emergency Contact Phone: _____

Parent's Email Address: _____

- No student will be allowed to attend the above club unless this completed form has been returned to the club leader.
- I hereby agree to my son/daughter taking part in the above club under the supervision of club leader(s).
- I understand that, while school staff and helpers in charge of the pupils will take all reasonable care, they cannot necessarily be held responsible for any loss, damage or injury suffered during or arising from the club.
- I understand and agree that it is my responsibility as the parent/guardian to update the school office with any significant changes regarding medical information (including injuries, allergies, tetanus immunization, medication), and/or contact details of this student.
- **I consent to any emergency medical treatment that may be needed during the course of the club meetings.**

Parent/Guardian's Signature: _____

I accept responsibility for my behavior:

Student Signature: _____

Date: _____