

PERMISSION FORM

CONFIRMATION DAY OF REFLECTION

_____ has my permission to attend the
Student's Name

Confirmation Day of Reflection in the meeting rooms at St. Cecilia Parish
on Saturday, April 25, 2009.

Should an emergency occur, please call me at _____.
Phone

If I cannot be reached, the following person should be notified:

Name: _____

Relationship to child: _____

Phone: _____

Please indicate any food allergy / medical condition of student (if applicable)

SPONSOR INFORMATION:

Name of sponsor: _____

Phone: _____

Sponsor will ____ will not ____ be able to attend (please check one)

If sponsor is unable to attend, please give the name of the adult who will
attend in his/her place _____

Parent/Guardian Signature

Date