

**PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION**

Return this portion of the form with the medical information by: **July 14th** to **Karen Peters**

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the parish facilities and that my child will be under the supervision of the designated staff person on the stated dates. I further consent to the conditions stated above regarding participation in this event, I covenant not to sue or bring any cause of action against SS. John & Paul Parish, Catholic Youth Organization, the Archdiocese of Detroit, any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers, from any claims, demands, or causes of action of whatever kind and nature arising from or relating to my child's participation in this event.

Any specific medical conditions that we should be aware of \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain on the back of this form.....

\_\_\_\_\_  
Print Parent/Guardians Name)

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

**\*\*\*\*\*STATEMENT OF CONSENT ABOVE\*\*\*\*\***

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a catechetical or youth ministry sponsored activity requiring transportation to a location away from parish facilities. This activity will take place under the guidance and supervision of staff from SS. John & Paul Parish.



- Name of Event:** Called To Serve Workshop
- Destination:** SSJP Parish
- Designated Administrator of Activity:** Karen Peters
- Date & Time:** Monday, July 17, 2017 beginning @ 12:30 p.m.-you **MUST** be on Time for if you are 15 minutes late they will not count class
- Date & Time of Pickup:** Monday, July 17, 2015 pickup @ **approximately 4:00 p.m.**

**PLEASE NOTE:** A light lunch will be served at 1:00 for those in attendance.

If you would like your child to participate in this event, **please complete, sign, and return the above** statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

**MEDICAL TREATMENT AUTHORIZATION FORM**

*If you have signed a new medical treatment form for 2017*

**,please state which event you had it completed for and we can photo copy this form for you.**

As parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort t has been made to reach me.

Student's Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Type of activity or school year for which release is intended: \_\_\_\_\_

**PARENTS/LEGAL GUARDIANS INFORMATION**

Father Address Home Phone: \_\_\_\_\_

Mother Address Home Phone: \_\_\_\_\_

**Where parents can be reached when not at home:**

Father: \_\_\_\_\_ Cell # \_\_\_\_\_

Mother: \_\_\_\_\_ Cell # \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

**List Allergies, medication, or other pertinent comments:**

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**Health Insurance Date:**

Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

**List a neighbor or close relative who will assume care of your child if you cannot be reached...**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\*\*\*

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Right that may be presented by the physician or health care facility.

This authorization form is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

(Parent or Guardian)

