

**PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION**

Return this portion of the form with the medical information by:

**July 20, 2017 to Karen Peters**

I hereby consent to participation by my child, \_\_\_\_\_, in the event described below. 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

Yes, I would like to drive a group of teens to/from Queen of the Family Retreat Center. I can take \_\_\_\_\_ teens along with my son/daughter. Maps will be provided for your convenience.

**For Office Use ONLY:**

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

**Cut along this line and keep the bottom information for your records!**

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:**

**Bens "Not Your Average Lock In"**

**Destination:**

**Queen of the Family Retreat Center  
751 W. Drahner Rd, Oxford, MI 48371**

**Designated Administrator of Activity:**

**Karen Peters**

**Date & Time:**

**Friday, August 4<sup>th</sup>  
Please arrive no later than 10:45 am**

**Date & Time of Pickup:**

**Saturday, August 5<sup>th</sup> (join us for mass at 4:00 pm at retreat center.)**

**Method of Transportation:**

**Car Pools by Parents** (We will need parents to car pool to and from Queen of the Family Retreat Center in Oxford MI . Please call Mrs. Peters if you can help us out with driving.) We encourage all parents to join us for mass at 4:00 pm.

**Cost:**

**\$50.00 (SSJP teens) \$60.00 Friends **NO REFUNDS!****

**Packing List:**

**Water bottle, sleeping bag, pillow, towel, wash cloth, person care items, sun screen, bug spray with DEET. NO daisy duke shorts, spaghetti straps tops, NO bathing suits, PJ's-All clothing Church Appropriate PLEASE**



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.

**EVERYONE MUST COMPLETE A NEW MEDICAL FORM!**

**MEDICAL TREATMENT AUTHORIZATION FORM**

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)

