

**PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION**

Return this portion of the form with the medical information by: **February 22, 2018 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

**Car Pools by Parents** (We will need parents to drive to or from this event.) Yes I will drive \_\_\_\_\_ teens to/from the retreat. Have you taken the Protecting God's Children Workshop? Yes or No

No sorry can't drive this time!

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:** Subiaco Week-end Retreat for 9-12 Grade

**Destination:** St. Benedict's Retreat House  
2711 Drahner Road, Oxford, MI  
Phone # 248-628-2249

**Designated Administrator of Activity:** Karen Peters

**Date & Time:** Friday, March 02, 2018  
Departing from the church at 6:45 pm

**Date & Time of Pickup:** Sunday, March 04, 2018  
Returning to SSJP @ approximately 1:15 pm

**Method of Transportation:** Car Pools by parents

**Cost:** **\$75.00 per teen** (please make check payable to SSJP)  
**Please NOTE:** you do receive home cooked meals, lodging, snacks, and retreat materials for this price. SSJP feels that this is such a great opportunity for you teen, they are picking up the 35.00 additional cost per teen.

**Scholarships are available; please see Mrs. Peters for details.**

**Things to Bring:** Each teen will need to bring a towel & wash cloth, sleeping bag, pillow, change of clothing and personal hygiene products; plus a snack to share and a 2-Liter of pop.

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 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

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|        |         |             |
|--------|---------|-------------|
| Father | Address | Home Phone: |
|--------|---------|-------------|

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|        |         |             |
|--------|---------|-------------|
| 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:

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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: \_\_\_\_\_

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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)