

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the parish premises. This activity will take place under the guidance and supervision of employees from St Isidore Parish School and/or Parish.

Name of Event: Cedar Point Trip High School (Rain or Shine)

Destination: Cedar Point - Sandusky Ohio

Designated Supervisor of Activity: Matt Hunt, Youth Minister

Date and Time of Departure: June 26, 2018 6:30 am-

St Therese of Lisieux Parish Schoenherr Rd, Shelby Charter Township, MI 48315 lot

Method of Transportation: Motor Coach Bus

Student Cost: \$50 plus additional money for food or anything in the park but entrance fee

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

***** STATEMENT OF CONSENT *****

I hereby consent to participation by my child, _____, in the event described above. Name of event: Cedar Point Trip. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release St. Isidore Parish School and/or Parish, the Roman Catholic (Arch)diocese of detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releases"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby _____ me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

During this activity, I can be reached at _()_____

or _()_____

_____ I would like to chaperone.

(Chaperone's cost are covered)

(Print Parent's Name)

(Parent's Signature)

(Date)

Please return this entire form by:

June 18, 2018

to

Front office or Youth Minister

June, 2001 ~ revised January, 2003

(Date)

(Person)

MEDICAL TREATMENT AUTHORIZATION FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of 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: _____ Phone: _____

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

PARENTS/LEGAL GUARDIANS

Father	Address	Phone
_____	_____	_____

Mother	Address	Phone
_____	_____	_____

Where parents can be reached when not at home:

Father: _____
Address _____ Phone _____

Mother: _____
Address _____ Phone _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Company: _____ Policy: _____

Group: _____ Contract: _____

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

Name: _____ Phone: _____

Address: _____ Relationship: _____

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

This authorization is complete 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)