

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your child is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school/parish premises. This activity will take place under the guidance and supervision of employees from Brittany Renne Parish/School. A brief description of the activity follows:

Name of Event: Michigan Adventure 2019

Destination: Michigan Adventure 1198 W Riley-Thompson Rd, Muskegon, MI 49445

Designated Supervisor of Activity: Brittany Renne

Date and Time of Departure: Thursday June 13th 10am-6pm (Pick up and drop off will be at St. Jude 1120 4 Mile Rd NE, Grand Rapids, MI 49525)

Method of Transportation: School Bus **Cost:** \$50 until June 10 After June Cost is \$60

If you would like your child to participate in this event, please complete, sign, and return the bottom half of this form to School/Parish by June 10.

Statement of Consent

I hereby consent to participation by my child, _____, in the event described above scheduled for __ June 13th__. I understand that the event will take place away from the school/parish grounds. 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 event, I agree to waive and release, and indemnify and hold harmless __St. Stephen____ Parish/School, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize __St. Stephen____ Parish/School to obtain necessary medical treatment for my child in case of illness, injury or accident. List allergies, medication, contacts, or other pertinent comments:

During this event, I can be reached at (_____)

Please keep me updated about the event at the following email _____

I certify that I am the (*check one*) _____ custodial parent _____ legal guardian of the minor child named above and I agree to the above terms for myself and for my minor child.

(Print Parent's Name)

(Parent's Signature)

(Date)

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As a 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.

Name of child: _____ Relationship to you:

Reason for which release is intended: Michigan Adventure Trip

Address of Minor: _____

Emergency Phone(s): _____

Family Physician: _____

Phone: _____

Physician's Address:

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

Health Insurance Data: _____

Company: _____ Policy: _____

Group: _____ Contract: _____

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

This authorization 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)

** Please note if only one of these forms need to be filled out each year. If you child is registered in the Faith Formation Program at St. Stephen or has attended an youth ministry event earlier in the year and you have filled the medical form out you do not need to do so again.