

**PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a 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. Michael Parish.

Name of Event: **Cedar Point Trip**

Destination: **Cedar Point Amusement Park—Sandusky, Ohio**

Designated Supervisor of Activity: **Claudia Welbes, Coordinator of Youth Ministry**

Date and Time of Departure: **Friday, June 29, 2018**

*Check-in time 7:15 a.m.*, chartered bus leaves promptly at **7:30 a.m.** from St. Michael parking lot.

Method of Transportation: Chartered bus leaves promptly at 9:00 p.m. from Cedar Point

*Approximate arrival time back at St. Michael is 11:30 pm-Midnight*

Student Cost: **\$50.00** (This includes Cedar Point admission, drink bracelet, and roundtrip deluxe coach transportation.) In addition, they'll need extra spending money for meals during the day!

If you would like your child to participate in this event, please complete, sign, and return the bottom half of this form to the Church Office no later than **Friday, June 1, 2018 with full payment. NOTE: only 50 seats are on the bus, so as soon as the bus fills, no further permission slips can be accepted.** You will be contacted and your money will be returned if this occurs.

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**STATEMENT OF CONSENT**

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above scheduled for **June 29, 2018**. I understand that this event will take place away from the 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 field trip, I hereby agree on behalf of myself and my child, to release St. Michael Parish, the Roman Catholic Archdiocese of Detroit, and any and all affiliated organization, their employees, agents, and representatives, including volunteer drivers (collectively "Releasees"), 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 agree to indemnify and hold harmless Releasees 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. The 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, by this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

\_\_\_\_\_  
**(Print Parent's Name)**

\_\_\_\_\_  
**(Phone #)**

\_\_\_\_\_  
**(Parent's signature)**

\_\_\_\_\_  
**(Alternate Phone #)**

\_\_\_\_\_  
**(Date)**

Please return the bottom half of form by: **Friday, June 1, 2018 to Claudia Welbes or the Parish Office**

# MEDICAL TREATMENT RELEASE 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.

Name of Minor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Reason for which release is intended: \_\_\_\_\_

Address of Minor: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

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

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

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

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

Health Insurance Data:

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

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

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 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)