

## PARENT PERMISSION FORM

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 school/parish premises. This activity will take place under the guidance and supervision of employees from St. Patrick-St. Anthony Parish.

Name of Event: Camping Retreat

Destination: PJ Hoffmaster State Park

Designated Supervisor of Activity: Grant Wyatt

Date & Time of Drop Off: Drop off at PJ Hoffmaster Saturday September 16<sup>th</sup> @ 5pm

Date & Anticipated Pick Up Time: Saturday September 17<sup>th</sup> @ 4:30pm

Method of Transportation: Cars

Cost: \$10

What to Bring: List to come

---

If you would like your child to participate in this event, please complete, sign, and return the following statement and release of liability. As a 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. 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. Patrick-St. Anthony Parish, the Roman Catholic Diocese of Grand Rapids, and any and all affiliated organizations, 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 relations 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. This release or 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.

|  |
|--|
| Number parent(s) can be reached in case of emergency:<br><br>_____ |
|--|

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

\_\_\_\_\_  
(Parent's Signature)

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

Please return this form by: Wednesday September 13<sup>th</sup>

**\*\*The Medical Treatment Release Form must be signed by a Notary – We have staff available to Notarize at the Family Center**

## MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. 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: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

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

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

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

Health Insurance Data:

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

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

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

### This form must be notarized

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Parent or Guardian)

State of: \_\_\_\_\_ Subscribed and sworn to before me this

County of: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public