

THIS FORM IS DUE WITH PAYMENT: SEPTEMBER 29 FIRM DEADLINE

HOLY FIRE 1 DAY RETREAT Parent Permission Form

Dear Parent or Legal Guardian: Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from parish grounds. This activity will take place under the guidance & supervision of employees from St. Patrick-St. Anthony Church. A brief description of the activity follows:

- Name of Event:** Holy Fire 1 Day Retreat
- Destination:** UIC Pavilion 525 South Racine, Chicago, IL 60607
- Designated Supervisors of Activity:** Teesie Jandernoa – in partnership with Diocese of Grand Rapids
- Date & Time of Departure:** Sat Oct 21 *TENTATIVE* 6:00 am **Return:** *TENTATIVE* 9:30 pm
- Method of Transportation:** Charter Bus
- Student Cost:** **\$50.00** Includes: t-shirt, registration, lunch, & charter bus transportation
- Packing List:** necessary medications (THESE MUST BE TURNED IN TO Teesie. Original container must be in a clear bag with clear instructions.)

Do not bring ipods, cell phones, game systems. **NO NUTS DUE TO LIFE THREATENING ALLERGY.**

If you would like your child to participate in this event please complete, sign, and return the following statement of consent and acknowledgement with a check or cash in the amount \$50.00 by Sept 29 . 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.

I hereby consent to participation by my child (FIRST) _____ (LAST) _____, in the event described above. I understand that this event will take place away from the church grounds and that my child will be under the supervision of the designated church employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

GENDER: M F **GRADE:** 6th 7th 8th 9th _____

Parent Email Address

(Lunch includes choice of drink & bag of chips)

LUNCH CHOICE: 1. Pizza 2. Hotdog

Emergency Contact Number

3. Vegetarian/Gluten-Free 4. Bring Own Lunch

STUDENT'S T-SHIRT SIZE: (Adult Sizes)

Print Parent/ Guardian Name

S M L XL XXL

Parent/Guardian Signature

ETHNICITY: Asian/Pacific Islander Native American

White Black Hispanic Multi-Ethnic Other Not Known

Date

A 2017-2018 MEDICAL TREATMENT RELEASE FORM MUST BE SUBMITTED WITH THIS PERMISSION FORM, UNLESS ALREADY SUBMITTED SINCE JULY 2017. See Reverse Side

MEDICAL TREATMENT RELEASE FORM (good for entire year)

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: All 2017-2018 Middle School Ministry Events

Address of Minor: _____ Phone: _____

City: _____ State: _____ Zip: _____

Emergency Phone: _____ Date of Birth _____

Family Physician: _____ Phone: _____

Address: _____ City: _____ State: _____

List any 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 IF EVENT TAKES PLACE OUT OF STATE

Date: _____ Signed: _____

(Parent or Guardian)

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

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

\_\_\_\_\_  
(Notary Public for the State of Michigan)

My Commission Expires \_\_\_\_\_

County of \_\_\_\_\_