

- THIS FORM IS 2 SIDED -

THIS FORM IS DUE WITH \$60 DEPOSIT: MAY 5, 2017

7TH & 8TH GRADE SUMMER MISSION TRIP 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: 2017 7th & 8th Grade Summer Mission Trip
Destination: Plymouth, IN Lodging At: Lindenwood Retreat Center
 9601 Union Road, Plymouth, IN 46513
Designated Supervisors of Activity: Teesie Jandernoa
Date & Time of Departure: Sunday July 23, 2017
Date & Anticipated Time of Return: Friday July 28, 2017
Method of Transportation: Vans
Student Cost: \$60 - \$150.00 Includes: lodging, non-travel meals, transportation, & t-shirt
 (\$150 is the MOST a student will pay if he/she participates in ALL fundraisers)

Student cost will decrease after fundraising. Often, fundraising covers all or most of student costs.

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 \$60.00 by May 5th.

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 _____, 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.

(Print Parent/ Guardian Name)

(Emergency Contact Number)

(Parent/Guardian Signature)

(Date)

Student's T-Shirt Size: (Adult Sizes)

S M L XL XXL

(Email Address)

A 2017-2018 MEDICAL TREATMENT RELEASE FORM MUST BE SUBMITTED WITH THIS PERMISSION FORM.

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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 _____