Off Campus Event - Parent Permission Form (High School Ministry)

Name of Event: _____

Destination: _____

Designated Supervisors of Activity: High School Ministry at St. Patrick St. Anthony

Date & Time of Departure: _____

Date & Anticipated Time of Return: _____

Method of Transportation: _____

Student Cost: _____

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)

_____

(Email Address)

A 2022-2023 medical treatment release form must be submitted with this permission form, unless already submitted since July 2020.

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 2022-2023 High 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_____
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