

ST. ANDREW YOUTH GROUP

PARENT PERMISSION FORM FOR OFF-SITE PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a religious formation and/or social sponsored activity requiring transportation to a location away from parish facilities. This activity will take place under the guidance and the supervision of staff from **St. Andrew Parish**. A brief description of the activity follows:

Name of Event: Snowed Inn Lock-in: Harry Potter Theme

Where: St. Andrew Catholic Church

Designated Administrator of Activity: Jason Spranger [Cell: 586-567-0413]

Start: 4:30pm Saturday, February 23, 2019 (Will be attending 5:00 Mass)

End: 9:00am Sunday, February 24, 2019

Cost: None

If you would like your son/daughter to participate in this event, please complete, sign and return the bottom half of this statement of consent to the Youth Ministry Office on or before Sunday February 17, 2018. As parent or legal guardian, you remain fully responsible for the actions and conduct of your teen.

STATEMENT OF CONSENT

I hereby consent to participation by my teen, _____ in the event described above scheduled for **February 23-24**. I understand that this event will take place away from the parish grounds and that my teen will be under the supervision of the designated 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 event, I agree to indemnify and hold harmless **St. Andrew Parish, the Roman Catholic Archdiocese of Detroit**, and any affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event. 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.

I authorize St. Andrew Parish to obtain necessary medical treatment for my teen in case of illness, injury or accident. My teen has the following medical conditions or allergies (medicinal or food) about which a health care provider should be told _____

Cell Phone Number/s where you can be reached during this event (_____)
Or (_____)

TEEN'S GRADE _____

Print Parent/Legal Guardian's Name

Signature of Parent/Legal Guardian

Date

RETURN THE PERMISSION SLIP to Jason ON or BEFORE – Sunday, February 17, 2018.

MEDICAL TREATMENT AUTHORIZATION 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.

Student's Name: _____ Relationship to you: _____

Address: _____ Phone: (____) _____ - _____ Home/Cell

Type of activity or school year for which release is intended: _____

PARENTS/LEGAL GUARDIANS

Father Address Cell

Mother Address (if different) Cell

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

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

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

List a neighbor or close relative who will assume care of your child if you cannot be reached. Name:

Cell: _____

Address: _____ Relationship: _____

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)