

PARENTAL CONSENT/MEDICAL RELEASE FORM

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE _____ CHURCH _____ GRADE _____ TSHIRT SIZE _____

PARENT (S)/GUARDIANS CELL PHONE & EMAIL _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN) _____

To Whom It May Concern:

The undersigned does hereby give permission for _____ to participate in the following activity
(Child's Name)
sponsored by Our Lady of the Lake Parish.

ACTIVITY: High School Camping Retreat – Form Due by Wednesday, September 13, 2017

WHEN: Saturday, September 16 @ 5:00pm – Sunday, September 17 @ 4:30pm

WHERE: P.J. Hoffmaster State Park, 6585 Lake Harbor Rd. Muskegon, MI 49441 (Day-Use Entrance, Group Use Area)

TRANSPORTATION: Parents Drop Off/Pick Up @ State Park. Recreation Passport needed to enter park (\$11). Teens may drive themselves, but will not be permitted to come and go throughout the weekend.

COST: \$25.00 (Cost should never be a reason not to attend an event. If you need financial assistance, contact Liz ASAP)

DESIGNATED SUPERVISOR: Liz Markovicz (lmarkovicz@oll.org), Area Youth Ministers, Volunteer Chaperones

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 Our Lady of the Lake Church/ St. Francis de Sales Church, the Roman Catholic (Arch) diocese of Grand Rapids, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releases"), 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.

We(I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or licensed dentist on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume responsibility for transportation and/or incurred transportation costs.

Allergies _____ Other Concerns _____

Insurance Company _____ Policy Number _____

Participant Signature _____ Date _____

Parent(s)/Guardian Signature _____ Date _____

Below please list any allergies or special medical problems your child may have. Thank you.

Return Signed Permission Form and payment to Liz at the Parish Office By Wednesday, September 13, 2017