

**PARENT PERMISSION FORM FOR RETREAT PARTICIPATION**

Dear Parent or Legal Guardian:

Your child is eligible to participate in a parish-sponsored activity. This activity will take place under the guidance and supervision of employees from St Bartholomew/All Saints Parish/School.

A brief description of the activity follows:

**Name of Event:** Kayaking and dinner

**Location:** Muskegon River, starting at Wisner Wisner Rents Canoes  
25 W. Water st., Newaygo, MI 49337

**Designated Supervisor of Activity:** Erin Duba/Lori Koester (810-282-6989)

**Date and Time:** Sunday, Sept 29<sup>th</sup> at 2- 6pm

**Cost:** \$5

If you would like your child to participate in this event, please complete, sign, and return the bottom half of this form.

**Statement of Consent**

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above scheduled for \_\_\_\_\_. I understand that the event will take place at All Saints Parish. I further consent to the conditions stated above on participation in this event.

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless All Saints/St Bartholomew Parish, any and all 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.

I authorize All Saints/St Bartholomew Parish to obtain necessary medical treatment for my child in case of illness, injury or accident. List allergies, medication, contacts, or other pertinent comments:

\_\_\_\_\_

During this event, I can be reached at ( \_\_\_\_\_ ) \_\_\_\_\_

I certify that I am the (check one) \_\_\_\_\_ custodial parent \_\_\_\_\_ legal guardian of the minor child named above and I agree to the above terms for myself and for my minor child.

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Parent Email

## MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by 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.

Name of child: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Reason for which release is intended: St Bartholomew Religious Education, retreat and field trips for year 2019-20

Address of Minor: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgement 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)