

St. Gerard Youth Ministry
Diocese of Lansing
Parent Permission Form

Dear Parent or Legal Guardian:

Your child is eligible to participate in a parish/school sponsored activity requiring transportation to a location away from the parish/school premises. This activity will take place under the guidance and supervision of employees and/or volunteers from the Diocese of Lansing. A brief description of the activity follows:

Name of Event: Summer Mission Trip

Destination: Appleton, WI

Designated Supervisor of Activity: Jeff Corder, Coordinator of Youth Ministry

Date and Time of Event: Leave Sunday, July 28, 2019 at 8:00 a.m. (Attend 9:00 a.m. Mass together) And return Saturday August 3, 2019 around 3:30 p.m. (could be earlier or later depending on travel)

Cost: \$175.00 **Deadline to Register:** June 30, 2019

Required Work Camp Meeting for Parents and Teens: July 21, 2019 from 12:30 – 1:30 p.m.

Emergency Contact: Jeff at 810-820-5166

Method of Transportation: Vans

Questions Contact: Jeff Corder, Coordinator of Youth Ministry at 517-323-2379 or at youth@stgerard.org

Youth MUST HAVE SIGNED PERMISSION FORM or they cannot attend.

Detach and return bottom portion of form.

Statement of Consent to Attend Mission Trip

I hereby consent to participation by my child _____ in the event described above scheduled for **July 28–August 3, 2019**. I understand that the event will take place away from the parish/school grounds I further consent to the conditions stated above on participation in this event, including method of transportation.

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless St. Gerard Parish/School, 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.

Child Date of Birth: _____

Address of child: _____ Relationship To You: _____

T-Shirt Size: S M L XL XXL

Does Your Teen Need Adults to Distribute their Medication (circle one) Yes or No

Phone: _____ Emergency Phone: _____

Family Physician: _____ Phone: _____

Address: _____

List allergies, medications, contacts, or other pertinent comments: _____

Insurance Phone # _____ Bin # _____

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 and to grant permission to attend event.

I certify that I am the (check one) ___custodial parents ___legal guardian of the minor child named in above and I agree to the above terms for myself and for my minor child.

(Print Parent's Name)

(Parent's Signature)

(Date)