

**St. Gerard Parish 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 St. Gerard Parish/School. A brief description of the activity follows:

**Name of Event:** June Retreat

**Destination:** Bethany House DeWitt, MI – Address is 703 E. Main Street, DeWitt, Michigan 48820

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

**Date and Time of Event:** Participants meet at Bethany House at 9 a.m. on Wednesday June 13. Pick up at 5:00 p.m. on Thursday June 14 from Bethany House.

**Emergency Contact:** Jeff Corder, Coordinator of Youth Ministry: 810-820-5166

**Method of Transportation:** Parents will drop off and pick up at Bethany House.

**Cost:** \$50.00

Questions Contact Jeff Corder at the Parish Office 323-2379

Email: youth@stgerard.org

**Youth MUST HAVE SIGNED PERMISSION FORM or they cannot attend.**

Detach and return bottom portion of form.

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**Statement of Consent to Attend June Retreat**

I hereby consent to participation by my child \_\_\_\_\_ in the event described above scheduled for **June 13 – 14<sup>th</sup>**. 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: \_\_\_\_\_

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)