

Parent Permission Form For Fall Fun Day Participation

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish-sponsored activity requiring transportation to a location away from the parish premises. This activity will take place under the guidance and supervision of employees from St. Joseph and SS. John and Bernard Parish.

Name of the Event: Fall Fun Day at Barbott Farms

Destination: Barbott Farms, Stevensville

Designated Supervisor of Activity: Chad Roden

Date and Time of Departure: Saturday October 21st at 12:45 PM - 4:45 PM

Method of Transportation: Volunteer Cars

Student Cost: \$12

If you would like your child to participate in these events, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*******Statement of Consent*******

I hereby consent to participation by my child, _____, in the events described above. I understand that these event will take place away from the parish grounds and that my child will be under the supervision of the designated parishes' employee during the 2017-2018 Religious Education Year. I further consent to the conditions stated above on participation in these events, including the method of transportation.

In consideration of my child being allowed to participate in these field trips, I hereby agree on behalf of myself and my child to release St. Joseph and SS. John and Bernard Parishes, the Roman Catholic Diocese of Kalamazoo, and any affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "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 trips. 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 trips. 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. With my signature I also hereby grant permission to St. Joseph and Ss. John and Bernard Parish to publish my child's name, photo or video image in connection with a feature story, or other publication as deemed appropriate by the parishes.

(Print Parent Name)

(Parent's Signature)

(Date)

Please return this **ENTIRE** form to the Parish Offices by **Wednesday, October 18th.**

We are also in need of Chaperones and Drivers.

Please contact Chad in the Parish Office for more information.

4churchesym@gmail.com

Medical Treatment Authorization

As a parent/guardian, I do hereby authorize the treatment of my minor child/children listed below 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.

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice of 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 due to injury or illness sustained during religious education classes, testing, and/or activities by St. Joseph/SS. John & Bernard Parishes Youth Ministry Program.

Names of Children

List of allergies, medications, or other pertinent information

(If your child has a learning disability that requires an IEP in their public school setting, please indicate that here.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Emergency Contacts

_____	_____
_____	_____
_____	_____

Health Insurance Information

Photo Release: With my signature, I hereby grant permission to St. Joseph/SS. John & Bernard Parishes to publish my child's/children's names, photos, or video images in connection with a display, feature story, or other publication as deemed appropriate by the Parishes. This photo may be used in connection with parish bulletin boards, parish or youth ministry websites, publicity materials, and/or parish bulletins.

Permission is granted by :

If there are any custodial/legal rights of parents and/or guardians that we should be made aware of or if you wish your child to be picked up by an adult other than a legal parent, please notify us in writing.