

**Parent Permission Form for Field Trip Participation  
(Please fill out both sides of this form)**

Dear Parent or Legal Guardian,

Your son/daughter is eligible to participate in a catechetical or youth ministry sponsored activity-requiring transportation to a location away from the parish facilities. This activity will take place under the guidance and the supervision of staff from ST. THERESE OF LISIEUX Parish.

Name of Event	Intergenerational Project
Destination	Parishoner's homes
Contact #	Kristin Cammarata (586) 819-6255
Date/Time of Departure	05/09/2020 from St. Therese at 9:00 am
Date/Time of Return	05/09/2020 1:30 pm at St. Therese
Mode of Transportation	Car
Student Cost	\$0.00

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If you agree to have your child participate in this event, please COMPLETE, SIGN, and RETURN this form for your consent and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

Any specific MEDICAL NEEDS of the student? YES\_\_\_\_\_ NO\_\_\_\_\_ If YES, please explain on the back:

I hereby consent to participation of my child, \_\_\_\_\_ in this event. I understand that the event will take place away from the parish facilities and that my child will be under the supervision of the designated staff person(s) on the stated dates. I further consent to the conditions stated above on the participation of this event, including the method of transportation. In consideration of my child allowed to participate in this event, I covenant not to sue or bring any cause of action against St. Therese of Lisieux Parish and any affiliated entity, employee, or agent for any claim caused by it or them, whether negligently or otherwise, arising out of or relating to my child's participation in this event. I also agree to indemnify, including attorneys' fees, and hold harmless the Parish and any affiliated entity, employee, or agent from any and all claims caused by the negligence or otherwise of it or them arising out of or relations to my child's participation in this event.

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Please check if you are a junior high student. This can be used for your service hours.

\_\_\_\_\_  
**Print** Parent/Legal Guardian Name

\_\_\_\_\_  
**Signature** Parent/Legal Guardian

\_\_\_\_\_  
Cell phone number and home number

**\*Return form by 05/02/2020**

MEDICAL TREATMENT AUTHORIZATION FORM

To Whom It May Concern:

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

Student's Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of activity or school year for which release is intended: \_\_\_\_\_

PARENTS/LEGAL GUARDIANS

Father Address Phone

Mother Address Phone

Where parents can be reached when not at home:

Father: Address Phone

Mother: Address Phone

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

Physician Address: City: \_\_\_\_\_

List allergies, medication, contract, or other pertinent comments:  
\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Data:

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

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

List a neighbor or close relative who will assume care of your child if you cannot be reached.

Name: Phone: \_\_\_\_\_

Address: Relationship: \_\_\_\_\_

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

**Intergenerational Service Project**

**Saturday, May 9, 2020**

**9:30 am- 1:30 pm**

**Please return this form to St. Therese Parish office by: Saturday, May 2, 2020**

**Name:** \_\_\_\_\_

**Address and directions to home:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**How can we assist you:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you need a smoke detector in your home? Or batteries for the smoke detector? \_\_\_\_\_**

**Do you have supplies needed to complete jobs at your home? (i.e. ladders, rakes, cleaning supplies)?**

\_\_\_\_\_

**Your home will be visited between 9:30 am and 12:30 pm. There is no charge for this service. We prefer you don't offer the helpers money. We teach that serving God is to serve one another. Thank you in advance for giving our youth this valuable experience!**

**If you have any questions please feel free to call Kristin Cammarata (586) 819-6255**