

# Parent Permission Form for *Give, Serve, Love* Participation (to be completed by parent/guardian of students under the age of 18)

---

Dear Parent or Legal Guardian,

Your son/daughter is eligible to participate in a Church-sponsored activity requiring transportation to Ishpeming, MI. This activity will take place under the guidance and supervision of adult chaperones. A brief description of the activity follows:

Name of Event: **Give, Serve, Love Teen Mission Week**

Destination: **St. John the Evangelist Catholic Church, 325 S. Pine St., Ishpeming, MI 49849  
(906) 486-6212.**

Designated Supervisor of Activity **Fr. Ryan Ford, Jessica Paling, Art Gischia**

Date and Time of Activity: **Monday, June 14<sup>th</sup> through Thursday, June 17<sup>th</sup>, 11:30am  
until 9:00pm eastern time**

Method of Transportation: **Carpooling**

Cost: **\$30**

If you would like your son/daughter to participate in this event, 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.

I hereby consent to participation by my son/daughter \_\_\_\_\_ in the event described above. I understand that this event will take place on and away from the parish grounds and that my son/daughter will be under the supervision of designated adults on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this activity, I hereby agree on behalf of myself and my child, to release the individuals in charge, the Roman Catholic Diocese of Marquette, St. John the Evangelist Catholic Church, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releases") 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 this activity. 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 Releases 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 activity.

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.

---

Print Parent or Guardian Name

---

Parent or Guardian Signature

---

Date

**Mail completed form to Jessica Paling, 325 S. Pine St., Ishpeming, MI 49849**

# EMERGENCY MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger the life of the student, cause a disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor \_\_\_\_\_

Relationship to you \_\_\_\_\_

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

Emergency Contacts:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

List allergies, medication, contacts, or other pertinent information:

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

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.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Parent or Guardian