

St. John/St. Joseph Youth Ministry
711 N. Francis St.; Jackson, MI 49201
517-784-0553
Parent/Guardian Permission Form

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a Youth Ministry Sponsored event. This activity will take place under the guidance and supervision of authorized personnel from St. John Parish. A brief description of the activity follows:

Name of the Event: **St. John Confirmation Retreat**

Destination: **St. John**

Day & Time: **Friday, March 24, 2017 – Adoration Holy Hour 7:30pm** (candidates/parents/sponsors);

Saturday, March 25, 2017 - 11:00am – 8:00pm (candidates only)

Transportation: **Parent drop-off/pick-up**

Designated Supervisor of Activity: Todd Gale/Angel Koerkel

Your cost: **FREE** (donations accepted toward food/materials costs)

Emergency Numbers: **Angel Koerkel 517-917-8858**

please be aware that students will NOT be permitted to have cell phones on during the duration of the retreat

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and acknowledgement. As parent or legal guardian, you remain responsible for any legal responsibility which may result from actions taken by the named student. Keep this section for your information. Adults will have cell phones for emergency purposes.

PLEASE RETURN THIS PERMISSION FORM TO:

You may drop it in the Sunday collection, in the mail, deliver it in person, or leave it with the parish office.

Permission Form

I hereby consent to participation by my son/daughter, _____ in the Confirmation Retreat. I understand the event described in the upper portion of this sheet, including the details mentioned. I consent to my son/daughters' participation. I understand that no event, including the one described above, is without risk of significant injury. Nevertheless, on behalf of myself and my child, I voluntarily waive any liability of any sort that might arise on the part of the Catholic Diocese of Lansing, and St. John's Parish, or any cleric, administrator, teacher, employee, volunteer, agent, chaperone, parent, or student in connection with this event. My signature attests to my understanding, consent, and waiver, as set forth in this paragraph.

(Print Parent/Guardian's Name)

(Parent/Guardian's Signature)

(Date)

MEDICAL INFORMATION

My child is allergic to:

My child must take the following medication (indicate dosage, frequency, etc.):

Please note specific medical problems (use back if necessary): _____

In case of emergency notify (include phone #): _____

If above person is unavailable notify: _____

I grant permission for non-prescriptive medication (e/g/ Tylenol, throat lozenges, cough syrup, or Pepto-Bismol); and routine medical care to be given to my child if deemed advisable by the supervising parish/school personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor. Please use the back of form for any additional health/medical information relevant to your child.

Signature _____ Date _____

Family Health Plan & Number _____