

Cemetery Trip Permission Form & Medical Release

DESTINATION: Old Calvary Catholic Cemetery, Eastman Rd. (by the Country Club's golf course)

DATE & TIME OF EVENT: Sunday, March 21, 2021, 4:00-5:00 PM

DESIGNATED SUPERVISOR OF ACTIVITY: Christine Sellnow: 698-6321, Kathy Russell: 600-1112

METHOD OF TRANSPORTATION: Own

I, the parent of: (name) _____ (grade) _____
request that Blessed Sacrament and Assumption BVM Parishes allow my son/daughter age _____, to participate in the activity described above. I give permission for my child to participate in said trip. In consideration for my son's/daughter's participation, I hereby release, save harmless and indemnify Blessed Sacrament Parish and Assumption BVM Parish, its employees, volunteers, agents and any sponsors or benefactors of said trip from any and all liability from any and all injury. I understand that my son/daughter will be under the supervision of the designated supervisor and chaperones on the stated dates and that all parish rules listed below will be in effect. I understand and agree that, if my son/daughter violates a parish rule, he/she will be sent home.

I am not a member of Blessed Sacrament or Assumption BVM Parishes but my son/daughter is friends with:

MEDICAL: In case medical treatment is necessary and the parents or guardian cannot be located, the following authorization is needed. I (we) authorize the adult advisor in charge to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the state of Michigan.

Allergies: _____

Chronic diseases or medical problems: _____

Medicines son/daughter is now taking: _____

Medicines that need to be dispensed during this activity must be given to the designated supervisor in its original container with directions and dosage.

Medical Insurance Carrier: _____ Policy/Contract Number: _____

Family Physician: _____ Phone: _____

PARENT (GUARDIAN) NAME (please print): _____

PARENT (GUARDIAN) SIGNATURE: _____

ADDRESS: _____ ZIP: _____

PHONE: (home) _____ (cell) _____

(EMERGENCY) _____

FAMILY E-MAIL ADDRESS: _____

PARISH EVENT AGREEMENT: Coupling, swearing, smoking, drinking, gambling, possession of alcohol, drugs, or firearms are **NOT** permitted at our church youth functions. Any youth found in violation of these rules will have their parents called and will be sent home.

SIGNED (Teen): _____ DATE: _____

Cell # (teen), if applicable: _____