

**PARENT PERMISSION FOR ST. MARK and HOLY FAMILY YOUTH MINISTRY FIELD TRIP**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish-sponsored activity requiring transportation to a location away from St. Mark the Evangelist and Holy Family premises. This activity will take place under the guidance and supervision of staff/volunteers from St. Mark the Evangelist and Holy Family Catholic Church.

**Name of Event:** Cedar Point Trip

**Destination:** Sandusky Ohio – Cedar Point Amusement Park

**Designated Supervisor of Activity:** Deacon Ron Kenney, Director of Faith Formation St. Mark, and other Adult volunteers from St. Mark and Holy Family.

**Date and Time of Departure:** Wednesday, June 27, 2018 5:45am St. Mark Parking lot 6:15am Holy Family Parking Lot

**Date and Time of Return:** Wednesday, June 27, 2018 11:59pm Holy Family Parking Lot and then to St. Mark Parking lot

**Method of Transportation:** Motor Coach Bus (Route 23)

**Student Cost:** \$80.00 (Includes Cedar Point Admission and Bus Transportation and all you drink wristband in the park)

**Emergency Phone:** 810-845-8379(Deacon Ron cell)

If you would like your child 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 actions and conduct of your child.

\*\*\*\*\*STATEMENT OF CONSENT\*\*\*\*\*

I hereby consent to participation by my child, (Print Child's Name) \_\_\_\_\_, in the event described above. I understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated parish staff/volunteers on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. I also agree to allow appropriate photographs and videos of my child on this event to be used by St. Mark the Evangelist and Holy Family Catholic Church for information and promotional purpose only.

In consideration of my child being allowed to participate in this field trip, I agree to indemnify and hold harmless St. Mark the Evangelist and Holy Family Catholic Church, any and all affiliated organizations, their employees, agents, and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this field trip. This indemnification and hold harmless agreement does not apply to claims for intentional misconduct or gross negligence.

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
Date

(Parent Signature)

Phone #'s Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Child's \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

+++++HEALTH PERMISSION FORM+++++

My child is allergic to: \_\_\_\_\_

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

Please note specific medical problems: \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_ Phone# \_\_\_\_\_

I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, cough syrup, pepto-bismal) and routine nonsurgical medical care to be given to my child if deemed advisable by the supervising parish personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical 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. In the event it is impossible to contact, I consent and authorize St. Mark the Evangelist and Holy Family Catholic Church, and its agents to consent to any necessary steps that will secure my child's health and safety under the advice of a licensed physician/surgeon (examination, anesthesia, diagnosis, treatment, surgery, and hospital care are included) as governed by the laws of the State where medical treatment is being sought. I understand that I am responsible for any and all costs incurred by the above actions being conducted.

Signature of Parent/guardian: \_\_\_\_\_ date \_\_\_\_\_

Family Health Plan and Number \_\_\_\_\_