

## PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

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 parish facilities. This activity will take place under the guidance and supervision of staff from \_\_\_\_\_ Parish.

**Name of Event:** \_\_\_\_\_

**Destination:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Designated Administrator of Activity:** \_\_\_\_\_

**Date & Time of Departure:** \_\_\_\_\_ **Date & Time of Return:** \_\_\_\_\_

**Method of Transportation:** \_\_\_\_\_ **Student Cost:** \_\_\_\_\_

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 any legal responsibility which may result from any personal actions taken by the named student.

Any specific medical needs that the administrator should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain:

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the parish facilities and that my child will be under the supervision of the designated staff person on the stated dates. I further consent to the conditions stated above regarding participation in this event, including the method of transportation. In consideration of my child being allowed to participate in this event, I covenant not to sue or bring any cause of action against \_\_\_\_\_ Parish, Catholic Youth Organization, the Archdiocese of Detroit, any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers, from any claims, demands or causes of action of whatever kind and nature arising from or relating to my child's participation in this event.

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Emergency Phone #

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

PLEASE RETURN THIS FORM BY: \_\_\_\_\_