



# HIGH SCHOOL RETREAT

MARCH  
10-12

COST - \$50



**GRACE ADVENTURE CAMP**

FOR MORE INFORMATION PLEASE CONTACT THERESA ANDARY



231-719-1760



[tandary@princeofpeacem.org](mailto:tandary@princeofpeacem.org)

**PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION**

Dear Parent or Legal Guardian:

Your child is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school/parish premises. This activity will take place under the guidance and supervision of employees from Prince of Peace Parish.

Name of Event: High School Retreat

Destination: Grace Adventure Camp 2100 N Ridge Rd Silver Lake, MI 49436

Designated Supervisor of Activity: Theresa Andary & designated chaperones

Date of Departure: March 10<sup>th</sup> 2023

Date of Return: March 12<sup>th</sup> 2023

Method of Transportation: Cars/Vans

Cost: \$50

T-shirt Size: \_\_\_\_\_

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 the actions and conduct of your child.

**Statement of Consent**

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee 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 field trip, I hereby agree on behalf of myself and my child, to release **Prince of Peace** Parish, the Roman Catholic Diocese of Grand Rapids and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf on my child, arising from or relating to my child's participation in the field trip. 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 Releasees 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 field trip. 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.

I certify that I am the (*check one*) \_\_\_\_\_ custodial parent \_\_\_\_\_ legal guardian of the minor child named above and I agree to the above terms for myself and for my minor child.

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

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

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

\_\_\_\_\_  
Parent Email

\_\_\_\_\_  
Parent Phone Number



## MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition, which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of child: \_\_\_\_\_

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

Reason for which release is intended: **High School Retreat 2023**

Address of Child: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

List allergies, medication, contact, or other pertinent comments:

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

### Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

Company Address: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

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

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

(Parent or Guardian)

