**St. Patrick Parish**

**Parent Permission and Medical Release Form**

Dear Parent or Legal Guardian:

Your child is eligible to participate in a parish/school sponsored activity requiring transportation to the retreat site. This activity will take place under the guidance and supervision of employees and/or volunteers from St. Patrick Parish and School.

A brief description of the activity follows:

Name of Event: “Overcome” High School Co-Ed Retreat

Destination: St. Patrick School

Designated Supervisor of Activity: Andrea Gleason

Date and Time of Event: begins Jan 18 @ 9:30am, ends Jan 19 @ 12pm

Method of Transportation:All students are responsible for transportation to and from retreat site

Participation Fee: $20

Questions? Contact Andrea Gleason by email at [andreagleason@portlandstpats.org](mailto:andreagleason@portlandstpats.org) or call 989-640-2921.

**MUST HAVE SIGNED PERMISSION FORM TO ATTEND.** ***Detach and return bottom portion of form***

***by Jan. 10th***

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**Statement of Consent to attend­­­­­­­­­­­­­­­­­­­­­­**

I hereby consent to participation by my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the event described above scheduled

for **Jan 18-19.** I understand that the event will take place at St. Patrick School. I further consent to the conditions stated above on participation in this event, including parent/guardian responsibility for transportation to and from site of the retreat.

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify

and hold harmless St. Patrick Parish/School, any and all affiliated organizations, its/their employees, agents, representatives, volunteers, and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence arising from or relating to my child’s participation in this event.

Student’s Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship To You:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

List allergies, medications, contacts, or other pertinent comments:

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

Insurance Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bin #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Data:­ Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence and to grant permission to attend event.

I certify that I am the (check one) \_\_\_\_\_custodial parent(s) \_\_\_\_\_legal guardian(s) of the minor child named in above and I agree to the above terms for myself and for my minor child.

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

(Print Parent’s Name) (Parent’s Signature) (Date)

# MEDIA RELATIONS/PROMOTIONS RELEASE FOR

***IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.***

I/we give my/our permission to Portland St Patrick Church and all entities, representatives, employees, and agents operating under its authority to use, without prior notice, my name or my minor child’s name, city and state, and/or audio, video(s), photo(s), and/or any other likeness and to use statements made by or attributed to me or my child relating to St Patrick, without compensation, for web, social media, publicity or similar promotions. I waive my right to inspect or approve such publications, including any written copy that may be created in connection therewith. ***I/we agree that my/our signature(s) below releases any and all claims against St Patrick Church, or its associated entities related to or arising out of the use of the stated items as media relations/promotional material(s).***



### Yes, I grant permission for release

No, I do not grant permission for release



Signature of Parent or Individual (if 18 or older): Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_