

Parent Permission Form for Mustard Seed Airborne Trip

Dear Parent or Legal Guardian,

Your son/daughter is eligible to participate in a parish/school-sponsored activity requiring transportation to a location away from the parish building. This activity will take place under the guidance and supervision of authorized personnel from St. Joseph Parish. A brief description of the activity follows:

Name of Event: Airborne Trampoline Trip
Destination: Airborne in Brighton, MI
Date and Time of Departure: Friday, June 17 at 6:30 pm at the Parish Center
Date and Anticipated Time of Return: Friday, June 17, 2022 around 10:30pm
Method of Transportation: Adults in cars and vans
Designated Supervisor of Activity: Don Dalglish
Student Cost: \$20.00 per person. Make checks payable to St. Joseph Parish
Deadline for permission form: Sunday, June 12, 2022
Emergency Phone Number: (810) 224-6200 Airborne , (734) 476-5650 Don's Cell

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and acknowledgment. As parent or legal guardian, you remain responsible for any legal responsibility which may result from actions taken by the named student. **Keep this section for your information**

Permission Form for Mustard Seed Airborne Trip

I hereby consent to participation by me or by my son/daughter, _____ in the Mustard Seed Airborne Trip. I understand that this event will take place away from the parish grounds and that my son/daughter will be under the supervision of the authorized parish personnel on the stated dates. I further consent to the stated conditions on participation in this event, including the method of transportation.

(Print parent's name)

(Parent's Signature)

(Date)

My Child is Allergic to: _____

My Child must take the following Medication (including dosage, frequency etc.) _____

Please note specific medical problems (use back if necessary): _____

In case of emergency notify (person and phone number): _____

If above person is not available then contact: _____

I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, cough syrup, pepto-bismol) and routine nonsurgical medical care to be given to my child if deemed advisable by the supervising parish personnel. **Yes**___**NO**___

In case of an emergency, I grant permission to transport my child to the nearest hospital for emergency medical treatment by the hospital or doctor. **YES**_____**NO**_____

Family Health Plan and Number: _____

Photo Release: By signing this permission form I give permission to use any photo, video and audio taken of my son/daughter for the use of any St. Joseph Parish publication and/or the Diocese of Lansing.

(Parent's Signature)

(Date)