

PARENTAL CONSENT/MEDICAL RELEASE FORM

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CELL PHONE'S _____

HOME PHONE _____ GRADE _____

PARENT (S)/GUARDIANS BUSINESS/CELL PHONE NUMBERS _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN) _____ PHONE _____

To Whom It May Concern:

The undersigned does hereby give permission for _____ to participate in the following activity
(Child's Name)
sponsored by Our Lady of the Lake Parish.

ACTIVITY: High School Beach, Bon Fire and Bible Study

**WHEN: Sunday evenings in the summer from 7:30-9:00 pm
(6/22, 6/29, 7/13, 7/20, 8/3, 8/10, 8/17, 8/24)**

WHERE: 745 Spyglass Hill Drive, Holland, MI 49424 and Jodi DeMott's phone is 796-0337

Take Lakeshore south past Tunnel Park about a quarter of a mile. When you see Eagle Drive on your right side you are very close. The next street is Lakeridge and you will turn right there. Follow it all the way to the white gate. The address is 745 Spyglass Hill. When you get to the gate press into the key pad 010 and the gate will go up. After the gate goes up take an immediate left up the hill and go to the door at 745.

TRANSPORTATION: By parents ADULT CHAPERONES: Yes, _____

DESIGNATED SUPERVISOR: Mary Murphy (616) 901.5579 Director of Youth Ministry

In consideration of my child being allowed to participate in Bible Study, I hereby agree on behalf of myself and my child, to release Our Lady of the Lake Church, 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 of my child, arising from or relating to my child's participation in the mission trip.

We(I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or licensed dentist on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume responsibility for transportation and/or incurred transportation costs.

Insurance Company _____ Policy Number _____

Participant Signature _____ Date _____

Parent(s)/Guardian Signature _____ Date _____

Below please list any allergies or special medical problems your child may have.

Please list any medications your child is currently taking.

*** Please be sure to bring this permission slip to Jodi DeMott!**