PARENTAL CONSENT/MEDICAL RELEASE FORM

NAME _____ AGE_____ BIRTHDATE _____

ADDRESS _____CITY _____STATE_____ZIP CODE_____

PHONE _____SCHOOL_____GRADE_____CHURCH_____

PARENT (S)/GUARDIANS BUSINESS PHONE _____

I would like to be in a sleep group with _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)_____ _____

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 Shine Summer Conference**
WHEN:	**Friday, June 24, 2011 5:30 pm to Sunday, June 25, 2011 12:30 pm**
WHERE:	**Muskegon Catholic High School & Community Service near this location**
TRANSPORTATION:	**parent volunteer car pool to/from Muskegon and vans and bus at location**
COST:	**$75 covers program costs, meals and lodging for the weekend**
DESIGNATED SUPERVISOR:	**Mary Murphy, Director of Youth Ministry (616) 901-5579**

In consideration of my child being allowed to participate in this High School Shine Rally, I hereby agree on behalf of myself and my child, to release St. Francis de Sales and Our Lady of the Lake Church, the Roman Catholic (Arch) 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 my 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.

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 you child may have. Thank you.

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Please return permission slips and $75 fee due to the youth office by June 1, 2011 attention Mary Murphy