

**Parent Permission Form for  
Youth Ministry BBQ & Kayak Trip**

**Dear Parent or Legal Guardian:**

Your youth is eligible to participate in a parish-sponsored activity taking place at the Duck Park on the corner of Chisholm and Johnson. This activity will take place under the guidance and supervision of the youth leaders and parish volunteers. A brief description of the activity follows:

**Event:** All Saints Youth Ministry BBQ & Kayak Event

**Destination:** Duck Park on the corner of Chisholm and Johnson.

**Activity Supervisors:** Fr. Tyler, Jackie Benson and parish volunteers

**Date:** Sunday, August 27

**Time:** 12:30-2:30 pm

**Method of Transportation:** Parents drop off and pick up

**Cost:** \$0

If you would like your student 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 youth.

**Statement of Consent**

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place at the Alpena Duck Park and that my child will be under supervision of the designated All Saints Parish volunteers on the stated date. I further consent to the conditions stated above on participation in this event.

In consideration of my child being allowed to participate in this event, I agree to indemnify and hold harmless **All Saints Parish; the Diocese of Gaylord**, and any and all affiliated organizations, their employees, agents and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this event. This indemnification and hold harmless agreement does not apply to claims for intentional misconduct or gross negligence.

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

**Phone number you can be reached at during the event:** \_\_\_\_\_

**Media/Promotions Release:** I give permission for All Saints Parish and the Diocese of Gaylord to use pictures taken at this event for promotional purposes. No names will be used with these pictures. It is my understanding that my signature releases the Diocese of Gaylord and All Saints Parish from any financial or legal responsibility for the use of this media relations/promotional materials.

**Parent or Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please turn paperwork into the parish office by Wednesday, August 23.**

No student is allowed without paperwork. If you have any questions, call Jackie Benson 989-590-864

# All Saints Parish 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 in an emergency which, in the opinion of the attending physician, is deemed necessary and appropriate. This authority is granted only after reasonable effort has been made to reach me.

## List all students covered by this release:

Student Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Grade: \_\_\_\_\_

**Reason for which intended:** Authorizes medical treatment under emergency circumstances in the absence of parent/guardian from **8-1-23 through and including 8-31-24**

Address of student: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

List Allergies, medication, contacts, or other pertinent comments: **Include student's name if multiple students are covered by this release.**

## Health Insurance Data:

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

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

**Does this policy apply to all students? \_\_\_yes \_\_\_no (If no, please provide info on reverse side)**

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

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.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_