

**Parent Permission Form for Retreat**

**Dear Parent or Legal Guardian:**

Your son/daughter is eligible to participate in a parish 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 Holy Redeemer Catholic Church. A brief description follows:

**Name of Event:** Spring Retreat

**Destination:** Oxford Dominican Center

**Date and Time of Departure:** March 17th, 2001 8:00am Holy Redeemer Parking Lot

**Date and Anticipated Time of Return:** March 18th, 2001 5:00pm Holy Redeemer Parking Lot  
(6:00pm if they will be attending mass)

**Method of Transportation:** Chaperon driven vehicles

**Designated Supervisor of Activity:** Jim Corder, Deacon

**Student Cost:** \$ 35

**Emergency Phone Number:** (248) 628-5101

If you would like your son/daughter 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. (This section is for your information)

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**Permission and Medical Form For Retreat**

I hereby consent to participation by my son/daughter, \_\_\_\_\_ in the event as described above. I understand that this event will take place away from Holy Redeemer grounds and that my son/daughter will be under the supervision of the authorized 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)

**Medical Information**

Please note any specific medical problems (use back if necessary)

My child is allergic to: \_\_\_\_\_

My child must take the following medication (indicate dosage, frequency, etc.) \_\_\_\_\_

In case of emergency notify (include phone number): \_\_\_\_\_

If the above person is unavailable please notify: \_\_\_\_\_

I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, cough syrup, antacid) and routine non-surgical medical care to be given to my child if deemed advisable by the supervising parish personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Family Health Plan and Number: \_\_\_\_\_

DUE DATE: March 14, 2001