

DIOCESE OF GRAND RAPIDS PERMISSION & MEDICAL RELEASE FORM

ACTIVITY DESCRIPTION

EVENT NAME: 7&8th Grade Retreat (Romans & Christians)

DESTINATION: Little One Island Camp 6889 Pine Island Dr NE, Comstock Park, MI 49321

DESIGNATED ACTIVITY SUPERVISOR: Stefanie Iwan

EVENT DATE/TIME: Sat Feb 10 at 10am thru Sun following 11am Mass at IHM.

METHOD OF TRANSPORTATION: Parents drop off to camp and transportation to church from camp on Sunday. Carpooling ok, but has to be pre-arranged and communicated to Stefanie.

PARTICIPANT INFORMATION

CHILD'S NAME _____

PARENT/LEGAL GUARDIAN NAME(S) _____

PARENT EMAIL ADDRESS _____

CONTACT NUMBER DURING EVENT _____

MEDICAL INFORMATION

FAMILY PHYSICIAN _____ PHONE _____

LIST ALLERGIES, MEDICATION, CONTACTS, OR OTHER PERTINENT COMMENTS

HEALTH INSURANCE DATA

COMPANY _____ POLICY _____

GROUP _____ CONTRACT _____

STATEMENT OF CONSENT/MEDICAL RELEASE

I hereby consent to participation by my child, _____ in the event described above. I understand that the event will take place away from the school/parish grounds. I further consent to the conditions stated above on participation in this event, including the method of transportation. In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless Immaculate Heart of Mary School/Parish, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event. I authorize Immaculate Heart of Mary School/Parish to obtain necessary medical treatment for my child in case of illness, injury or accident. 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. I grant to IHM Parish/School my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's name, voice and/or image that arises from participation.

I certify that I am the (check one) _____ custodial parent (or) _____ legal guardian of the minor child named above, and I agree to the above terms for myself and for my minor child.

PARENT/GUARDIAN SIGNATURE _____ DATE _____