

March for Life 2017

Dear Parent or Legal Guardian,

Your son/ daughter is eligible to participate in a parish-sponsored activity requiring transportation from the parish building. This activity will take place under the guidance and supervision of authorized personnel from Holy Family Parish. A brief description of the activity follows:

Location: Washington D.C., March for Life: Mass at the Basilica of the Immaculate Conception, Rally, and March

Date and time of event: departing Thursday, January 26 at 6pm arriving home early in the morning of Saturday, January 28th. This is a red eye trip – there will be no overnight stay.

Method of Transportation: motor coach

Designated Supervisor of Activity: Jennifer Giddings 989.980.2859

Cost: \$80

Deadline for registration: Wednesday, December 21, 2016

SPACE IS EXTREMELY LIMITED. PLEASE SIGN UP ASAP.

For your child 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 responsibility which may result from actions taken by the named student.

I hereby consent to participation of my son/daughter, _____ to attend the **March for Life 2017**. I understand the event described in the upper portion of the sheet, including all the details mentioned. I consent to my child(ren)'s participation. I understand that no event, including the one described above, is without risk of significant injury. Nevertheless, on behalf of myself and my child(ren), I voluntarily waive any liability of any sort that might arise on the part of the Catholic Diocese of Lansing, Holy Family parish, or any cleric, administrator, teacher, employee, volunteer, agent, chaperone, parent, or student, in connection with this event. My signature attests to my understanding, consent, and waiver, as set forth in this paragraph.

Print child name.

Emergency Contact number

Print parent/guardian name.

Parent/Guardian Signature

Date

Relationship to youth

MEDICAL INFORMATION:

My child is allergic to:

My child must take the following medication (indicate the dosage and frequency)

I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, cough syrup, pepto bismal) and routine non surgical care to be given to my child if deemed advisable by supervising parish personnel. In case of an emergency, I also grant permission to transport my child to 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 hospital or doctor.

Signature _____ Date _____

Family Health Plan and Number _____