

**CATHOLIC
DIOCESE OF LANSING**

228 N. Walnut St., Lansing, Michigan 48933

Parent/Guardian Permission Form for Field Trips

Dear Parent or Legal Guardian,

Your son is eligible to participate at no cost the **Diocese of Lansing Bishop's Priesthood Discernment dinner**, located in DeWitt, MI. This diocesan sponsored visit requires transportation to a location away from the parish grounds, therefore if your son is under the age of 18, this form needs to be returned to the Vocation Office. This visit will take place under the guidance and supervision of Fr. John Linden, Director of Vocations other adult men Virtus trained. The date of the 2018 retreat is **Sunday, August 19, 2018.**

The Event: Priesthood Discernment Dinner with Bishop Boyea
Place: Bethany House, DeWitt, Michigan
Time: 3:00 – 6:30 p.m.
Transportation type: Provide own transportation.
Meals: Provided by the Center

Please read and mark the appropriate boxes as they apply.

Yes* - My son has a food allergy /or special dietary needs. I will notify Denise Dell'Acqua, Administrative Assistant in the Vocations Office at 517-342-2504 of his restrictions.

I am attaching information regarding my son's medical insurance information

*An emergency contact for her: Name _____ Phone: _____

I understand the event described above, including all the details mentioned. I consent to my son's participation to the Bishop's Discernment Dinner. I understand that no event, including the one described above, is without risk of injury. Nevertheless, on behalf of myself and my son, I voluntarily waive any liability of any sort that might arise on the part of the Catholic Diocese of Lansing, (vocations office) or any, 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.

Printed name of Parent/Guardian

Signature of Parent or Guardian

Relationship to the student: _____

Date: _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

Under 18

In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center 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.

Guardian's Signature _____ Date _____

Name of Contract Provider _____

Insurance Health Plan _____

Health Plan Contract Number _____

Over 18

I hereby give permission for any necessary medical or surgical treatment.

Signature _____ Date _____

Name of Contract Provider _____

Insurance Health Plan _____

Health Plan Contract Number _____