CATHOLIC DIOCESE OF LANSING

228 N. Walnut, Lansing, Michigan 48933

Parent/Guardian Permission Form for Field Trips

Dear Parent or Legal Guardian,

Your daughter is eligible to participate at no cost to one of the Diocese of Lansing Women's Discernment Retreat, located in Brooklyn, MI. This diocesan sponsored visit requires transportation to a location away from the parish grounds, therefore if your daughter 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 Dawn Hausmann, Director of Consecrated Vocations and Fr. John Linden, Director of Vocations and other adult women Virtus trained. The date of the 2019 retreat is **Saturday-Sunday, March 23-24th, 2019.**

Name of the Event:	"Diocesan Women's Discernment Retreat"
Place:	Camp de Sales Center in Brooklyn, MI
Time:	Beginning on Sat at 8:30am-1pm on Sunday.
Transportation type:	Provide own transportation.
Accompanied by:	Dawn Hausmann & other adult women, Virtus trained.
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 Dawn Hausmann in the Vocations Office at 517-342-2506 of her needs.

☐ I am attaching information regarding my daughter'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 daughter's participation to the Diocesan Women's Discernment Retreat. I understand that no event, including the one described above, is without risk of injury. Nevertheless, on behalf of myself and my daughter, 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 child: _____ 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 _____