

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 in the Diocese of Lansing Nun Run at no cost but 2 meals on the road if we need it. This is an overnight Sept 20-22nd. This diocesan sponsored visit to convents requires transportation to locations around Chicago & an overnight stay at 1-2 convents; 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 other adult women Virtus trained. The date of the 2019 visit is **Friday, Sept 20- Sun 22nd, 2019.**

Name of the Event: "Nun Run"
Place: Around the Diocese- Visiting Convents
Time: Beginning on Friday at 5pm-Sunday at 8pm.
Transportation type: Carpooling.
Accompanied by: Dawn Hausmann & other adult women, Virtus trained.
Meals: Personal money for 2-3 fast food meals.

Please read and mark the appropriate boxes as they apply.

Yes* - My daughter has a food allergy /or special dietary needs. I will notify Dawn Hausmann in the Vocations Office at 517-342-2506 dhausmann@dioceseoflansing.org 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 Nun Run. 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 _____