

CATHOLIC DIOCESE OF LANSING
Office of Vocations

228 N. Walnut, Lansing, Michigan 48933

Parent/Guardian Permission Form for Field Trips

Dear Parent or Legal Guardian,

Your son is eligible to participate at no cost to one of the Diocese of Lansing Seminary Tour, located in St Paul, Minnesota at St. John Vianney Seminary. 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 Whitlock, Director of Seminarians/Office of Vocations.

The date of the 2019 Seminary Tour is **Thursday-Saturday, November 14-16, 2019.**

Name of the Event: Seminary Visit to St. John Vianney Seminary
Place: Campus of St. Thomas University, 2115 Summit Ave, St. Paul, MN
Time: Beginning on Thursday at 8:00am-10pm on Saturday.
Transportation type: 10 Passenger Vehicle
Accompanied by: Fr. John Whitlock and Fr. Joe Campbell
Meals: All meals provided. Snacks are on your own.
Accommodations: Dorm accommodations, must bring own bedding. Bring casual wear for Mass and spending money for snacks.

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 to Office of Vocations. Email: ddellacqua@dioceseoflansing.org

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

***An emergency contact for him:**

Name _____ Phone: _____

Address _____ Email: _____

Relationship: _____

I understand the event described above, including all the details mentioned. I consent to my son's participation to the St. John Vianney Seminary Visit. 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 _____
Print Name _____ Phone _____
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 _____