2020 March for Life bus trip to Washington D.C.

(Teens Only)
By signing below I give my child permission to attend the 2019 March for Life Bus Trip to Washington D.C.

I understand that my child will depart from Michigan via charter bus on Thursday morning, January 23rd and arrive at Catholic University of America in Washington D.C. for overnight lodging. They will then go to the Mass and Rally for Life at the Capital One Arena, then the March for Life in downtown Washington D.C. Friday morning, January 24th. After the March they will return by charter bus to Michigan by approximately 4 A.M. on Saturday, January 25th.

I realize that I am also responsible for providing transportation for my child to and from the bus pick-up/drop-off locations.
Medical Emergency Release Form

Attendee Name:_______________________________ D.O.B:____________________

Medical Insurance Co.:________________ Policy #:__________________
Doctor:______________________________________ Tel. #:___________________
Hospital Preference:____________________________________________________

Primary Emergency Contacts: In case of emergency, all attempts will be made to contact one of the persons listed below as soon as possible. For adults, please list at least 1 emergency contact.

Mother:______________________Tel. #: Home:___________Work:___________
Father:_______________________Tel.#: Home:__________Work:___________

Emergency Contacts if parents can’t be reached:
Name:______________________Relationship:___________Tel. #:____________
Name_______________________Relationship:___________Tel. #:____________

If the Volunteer Staff is unable to reach any of these people, I give my permission for a member of the staff to sign for emergency treatment.

Additional Medical Information: (Allergies or medication)
_____________________________________________________________

Parent/Guardian/Adult Signature:________________________________ Date:____________________