

Queen's Youth Ministry
Beth Ann Roty, MS Youth Minister (baroty@queenschurch.com)
606 S. Wisner, Jackson, MI 49203 (517) 783-2748

Parent/Guardian Permission Form for Spring Bowling 2017

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a Youth Ministry Sponsored activity requiring transportation to a location away from the parish buildings. This activity will take place under the guidance and supervision of authorized personnel from Queen of the Miraculous Parish. A brief description of the activity follows:

Name of the Event: **Spring Bowling 2017**

Destination: **Airport Lanes, 3501 Wildwood Ave., Jackson, MI 49202**

Time: **Tuesday, April 4th 1-3 pm**

Transportation: **Parents**

Designated Supervisors of Activity: **Molly Kuhl**

Your cost: **\$10 PLEASE MAKE CHECKS PAYABLE TO: QUEEN'S YOUTH MINISTRY**

Emergency Numbers: Beth Ann's cell 517-740-6937

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and acknowledgement. As parent or legal guardian, you remain responsible for any legal responsibility, which may result from actions taken by the named student. Keep this section for your information. Adults will have cell phones for emergency purposes. Please be advised that there are **NO CELL PHONES or ELECTRONICS** allowed into the event. Also, if the youth leave the premises for any reason they will be sent home.

PLEASE RETURN THIS PERMISSION FORM WITH PAYMENT TO: Beth Ann Roty

You may drop it in the Sunday collection, in the mail, deliver it in person, or leave it with the parish office.

Permission Form for Spring Bowling 2017 Participation

I hereby consent to participation by my son/daughter, _____ in the Spring Bowling 2017 on April 4, 2017. I understand the event described in the upper portion of this sheet, including the details mentioned. I consent to my son/daughters' participation. I understand that no event, including the one described above, is without risk of significant injury. Nevertheless, on behalf of myself and my child, I voluntarily waive any liability of any sort that might arise on the part of the Catholic Diocese of Lansing, Queen of the Miraculous Medal Parish and Airport Lanes, or any cleric, administrator, teacher, 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.

(Print Parent/Guardian's Name)

(Parent/Guardian's Signature)

(Date)

MEDICAL INFORMATION

My child is allergic to:

My child must take the following medication (indicate dosage, frequency, etc.):

Please note specific medical problems (use back if necessary): _____

In case of emergency notify (include phone #): _____

If above person is unavailable notify: _____

I grant permission for non-prescriptive medication (e/g/ Tylenol, throat lozenges, cough syrup, or Pepto-Bismol); and routine medical care to be given to my child if deemed advisable by the supervising parish/school personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency 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.

Signature _____ Date _____

Family Health Plan & Number _____