CATHOLIC DIOCESE OF LANSING

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 the Diocese of Lansing Bishop Priesthood Discernment Dinner located in DeWitt, MI. 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 prior to the event. This event will take place under the guidance and supervision of Fr. John Whitlock, Director of Seminarians. The date of the 2019 event is **Sunday, August 18th.**

Name of the Event:	Bishop's Priesthood Discernment Dinner
Place:	Bethany House, St Francis Retreat Center, DeWitt MI
Time:	3:00p – 7:30p
Transportation type:	Provide own transportation.
Accompanied by:	Fr. John Whitlock and Diocesan Seminarians
Meal:	Provided by the Retreat 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 Denise Dell'Acqua/Admin to Vocations office at 517-342-2504 of his needs.

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

*An emergency contact for him is: Name______________________Phone:________________________

I understand the event described above, including all the details mentioned. I consent to my son's participation to the Diocesan Bishop's Priesthood Discernment dinner. 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___________
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 ____