CATHOLIC DIOCESE OF LANSING

Office of Vocations · 228 N. Walnut St., Lansing, MI 48933 · 517-342-2504

Permission and Medical Release Form

Event	St. John Vianney Seminary Visit, St. Paul, Minnesota
Dates	February 18–20, 2027
Travel	Round-trip air, supervised by Rev. Michael Cassar and adult chaperone
Cost	None

INFORMATION

Participant _____ Date of birth _____

Parent/guardian _____ Cell phone _____

Emergency contact _____ Phone _____

Allergies or dietary needs _____

Medications and medical conditions _____

Health insurance company _____ Member ID _____

PERMISSION AND RELEASE

I give permission for the participant to attend this event, including travel. I understand that the event involves risks, including the risks of travel, and I accept them. I release the Diocese of Lansing, the Bishop of Lansing, and their parishes, clergy, employees, volunteers, and agents from any claim I may have arising out of this event, including claims based on negligence but not gross negligence or willful misconduct. Michigan law governs this form.

MEDICAL AUTHORIZATION

If the participant needs emergency medical care and a parent cannot be reached, I authorize Fr. Cassar or a chaperone to obtain care and consent to the treatment a licensed medical provider considers necessary. A parent will be contacted as soon as possible. I am responsible for any costs not paid by insurance.

☐ Please do not use photographs of the participant in diocesan publications or social media.

SIGNATURE

Signed by a parent or legal guardian, or by the participant if he is 18 or older.

Signature _____ Date _____

Printed name _____ Relationship _____

Please return this form to Denise Dell'Acqua, Office of Vocations, by 2/1/2027