

PARENT/GUARDIAN PERMISSION FORM FOR SPRING RETREAT

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish/school sponsored activity requiring transportation to a location away from the parish building. This activity will take place under the guidance and supervision of authorized personnel from St. Casimir Parish. A brief description of the activity follows:

Name of the Event: High School Spring Retreat

Destination: St. Francis Retreat Center, Bethany House, DeWitt, MI

Cost: \$60.00 (Actual cost is \$120 but parish is paying ½ plus cost of the t-shirt) Please let me know if this is a hardship for your family.

Date and Time of Arrival: Friday, March 24, 2016, 7:00 PM

Date and Pick up Time: Sunday, March 26, 2016, 3:00 PM

Method of Transportation: Parent (Some may wish to Car Pool, a list of attendees will be provided)

Designated Supervisor of Activity: Teresa Hurd

Emergency Phone Number: Retreat Center (517) 669-8321 Teresa's cell (517) 213-5082

For your child to participate in this event, please **complete, sign, and return this permission form by March 19th**. You may also drop off this form and pmt. to the Parish Office. As parent or legal guardian, you remain responsible for any legal responsibility which may result from actions taken by the named student. This section is for your information.

PERMISSION FORM FOR CONFIRMATION RETREAT

I hereby consent to participation by my son/daughter, _____ for the Spring Retreat on 3/24 to 3/26. I understand that this event will take place away from the parish grounds and that my son/daughter will be under the supervision of the authorized parish personnel on the stated dates. I consent to the stated conditions for participation in this event, including the method of transportation. I further understand that if my student chooses behavior that is inappropriate, I may be called to drive to Bethany House and pick him/her up.

(Print parent's name)

(Parent's signature)

(Date)

Emergency Phone Number to reach you during retreat: _____

Medical #Numbers Info _____

Allergies _____ **Permission to transport to ER if needed** _____

Permission to give over the counter meds such as Tylenol, Rolaids, etc. if needed _____

Diet restrictions _____

T-Shirt Size _____