



**St. Joseph Parish- Pewamo
Permission/Medical Release Form**

***** One Form per Participant *****

Retreat Details

Event: Middle School NET Retreat

Location: St. Joseph Activity Center

Who: St. Joseph Parish- Middle School Faith Formation Students

Date & Time of Retreat: Wednesday, October 25, 2023, 4:00-9:00 pm

Cost: \$0.00

SECTION A – INDIVIDUAL INFORMATION

Student Name: _____ Date of Birth: _____

Street Address: _____ Male Female

City/State/ZIP: _____

Parish: _____ City: _____

Phone number: _____ Youth: Grade _____ Adult

Parent Cell Phone: _____

Parent Name: _____

SECTION B – PARENTAL STATEMENT OF CONSENT (must be completed for those under the age of 18)

I hereby consent to participation by my child, _____ to attend the above listed event
I understand that my child will be under the supervision of the designated parish/ school employee/volunteer on the
stated dates. I further consent to the conditions stated in the event description regarding participation in this event,
including the method of transportation and housing accommodations.

In consideration of my child being allowed to participate in this event, I agree to indemnify and hold harmless and
defend the Catholic Diocese of Grand Rapids and St. Joseph Parish- Pewamo, MI, any and all affiliated organizations,
their employees, agents, and representatives, including volunteer and other drivers, from any and all claims, including
negligence, arising from or relating to my child's participation in this event. This indemnification and hold harmless
and defense agreement *does not apply* to claims for intentional misconduct.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

SECTION C – MEDICAL TREATMENT AUTHORIZATION

To Whom It May Concern:

I hereby authorize treatment for my child myself by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me/my family.

Name _____ Relationship to you (if minor): _____

Address: _____

City/State/Zip: _____

Emergency Phone(s): () _____ () _____

Family Physician Name: _____ Phone: () _____

Physician Address: City: _____

List allergies, medication, contacts, or other pertinent comments: _____

Health Insurance Data:

Company: _____ Policy: _____

Group No.: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____

(Adult or Parent/Guardian)

SECTION D – MEDIA RELEASE

I _____, hereby give permission for the personnel and volunteers of the St. Joseph Parish-Pewamo to photograph, videotape and/or voice-tape myself or my child/children (or allow area news reports to do the same for the purposes of (please check the items you will allow):

- | | |
|---|---|
| <input type="checkbox"/> In-School/Parish Purposes use only | <input type="checkbox"/> Public information for promotion of Diocesan, School, or Parish programs (brochures, newspapers, radio, or television) |
| <input type="checkbox"/> Catholic Diocese of Grand Rapids website | <input type="checkbox"/> St. Joseph Parish- Pewamo website |

Participant Name: _____

(Parent/Guardian) Signature: _____ Date: _____

Please contact the St. Joseph Pewamo Parish Office with any questions,

989-593-3440. Event Leader: Nickie Wentworth cell: 616-318-0055

