



10144 42<sup>nd</sup> Avenue,  
Georgetown Twp. MI 49428  
P:616-895-2247

## **Saint Luke University Parish - Youth Ministry Permission Form 2020 - 2021**

Dear Parent or Legal Guardian,

Through-out the class year there will be times where our Faith Formation Youth Group will be going on fieldtrips that will take place away from their normal meeting place. Some of these activities will require transportation to a special event at different location. All field trips and transportation needs will be under the guidance and supervision of the Youth Ministry leaders.

If you would like your child to participate in any field trips this school year, we need you to fill out the statement of consent and medical treatment release form. This form will be kept on file for the extent of the school year and will cover all field trips. Your child will not be able to attend any fieldtrip if we do not have this on file.

If any contact and/or medical information changes within the year this form is for, you will need to re-submit a new form as soon as you are aware of these changes.

These forms will be available by paper and on our website ([stlukegvsu.org](http://stlukegvsu.org)). Forms maybe turned in during business hours, at Mass and class. If you have any questions, please contact Kate Ludwig (High School Ministry Leader) or Kim Thomas.

Thank you!

**Youth Ministry 2020 - 2021 Field Trip  
Statement of Consent**

I hereby give consent for my child, \_\_\_\_\_  
in all field trips in the 2020 - 2021 Youth Ministry group at Saint Luke University Parish,  
10144 42nd Avenue, Georgetown Twp., MI 49428. I understand that the event will take  
place away from the school/parish grounds. I further consent to the conditions stated on  
the 'Youth Ministry *Field Trip Information*' page regarding field trips, including  
transportation to and from these trips.

In consideration of my child being allowed to participate in field trips, I agree to waive  
and release, and indemnify and hold harmless St Luke University Parish, any and all  
affiliated organizations, its/their employees, agents, representatives, volunteers and  
drivers, from any and all claims I or my child may have, excluding claims for intentional  
misconduct or gross negligence, arising from or relating to my child's participation in this  
event.

I authorize St Luke University Parish to obtain necessary medical treatment for my child  
in case of illness, injury, or accident.

In the case that we need to contact a parent/guardian during a field trip, please provide  
us with the name(s) and phone number(s):

**1. Main Contact**

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**2. Secondary**

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Parent**

I certify that I am the (*check one*) \_\_\_\_\_ custodial parent \_\_\_\_\_ legal guardian of  
the minor child named above, and I agree to the above terms for myself and for my  
minor child.

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

## Medical Treatment Release Form

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment 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.

Name of child: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Reason for which release is intended: \_\_\_\_\_

Address of Minor: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

List allergies, medication, contact, or other pertinent comments:

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### Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgement 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)