



Spirit of Christ Youth Ministry
Off Campus Activity
Parent Permission Form

Out of the Jungle



Event: High School Confirmation Retreat

Date: December 6, 2019 5:00 PM
to December 8, 2019 6:00 PM

Place: 7400 State Highway 7
Estes Park CO 80517

Mode of Transportation: Charter Bus

Cost: Included in the cost of Confirmation

Designated Supervisor: Krissy Jensen
303-422-9173

Deadline: Monday, December 2, 2019

Permission: I give permission for _____, my son/daughter, to attend the above off campus activity ("Field Trip"). I understand and acknowledge that participation in the Field Trip involves inherent risks of injury to my child, including risks associated with transportation by motor vehicle. I understand and acknowledge that a vehicle in which my child is present may be operated by a volunteer driver.

Medical Release: I authorize the Designated Supervisor(s) of the Field Trip to authorize and consent to any medical care for my child that he or she reasonably believes necessary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses related to such medical care. I understand and acknowledge that the Designated Supervisor(s) of the Field Trip will attempt to obtain my permission by telephone before authorizing or consenting to any medical care for my child if time and conditions permit.

Liabilities: I understand and acknowledge that any medical expenses related to illness or injury to my child while on the Field Trip are not covered by any insurance program maintained by the Archdiocese of Denver, and that I am primarily responsible for such expenses. I understand and acknowledge that by consenting to my child's participation in the Field Trip I am assuming full responsibility for the risk of any illness or injury that my child may incur. I release the Archdiocese of Denver and any employee or volunteer chaperons or drivers from liability for any illness or injury that my child may incur while participating in the field trip, whether cause with or without fault by the Archdiocese of Denver, the parish, or by any of their agents, servants or employees, including any employee or volunteer chaperons or drivers.

I hereby consent to my child's participation in the Field Trip. I have carefully read this Field Trip Authorization, and I understand and agree to each of the covenants and conditions set forth above.

Parent or Guardian

Date

Please fill out in full.

Participants Full Name: _____

Name participant would like on their nameta _____

Birth date: _____ Grade in school: _____ Age: _____ Male/Female: _____

Parents Names _____

Parent Phone Number: _____

Parent Email Address(es): _____

Address: _____

Medical Information

Please Print

Are there any medical or physical conditions of which we should be aware? _____ (if yes, please explain):

List any medications your child is currently taking: _____

List any allergies: _____

In case of emergency, contact: _____

Phone Number: _____