

**POWERS CATHOLIC HIGH SCHOOL  
1505 W. Court St.  
Flint, Michigan 48503**

**PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Powers Catholic High School. A brief description of the activity follows:

Name of Event: Sophomore Overnight Retreat

Destination: St. John the Evangelist in Davison

Designated Supervisor of Activity: Fr. Dan Kogut & Amber Tower

Date and Time of Departure: Friday, Dec. 2 5:00 P.M.

Date and Anticipated Time of Return: Saturday, Dec. 3 5:30 P.M.

Method of Transportation: \*Parents provide transportation to and from St. John

Student Cost: \$40

The Sophomore Overnight Retreat is one of two options that fulfills each student's yearly retreat requirement at Powers. The other option will be a day retreat on Tuesday, February 28.

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and acknowledgment. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my child, \_\_\_\_\_ in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

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

\_\_\_\_\_  
Date

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

## MEDICAL INFORMATION - STUDENT TRIP

Student Name: \_\_\_\_\_  
Last First M.I.

Parent or Guardian \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

In case you cannot be reached,  
Name of friend or relative who can be contacted in Emergency: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Type of Medical Insurance: \_\_\_\_\_ I.D.# \_\_\_\_\_

Special Medical Instructions: (current medications, allergies, illness, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

I agree that trip leaders may authorize emergency medical treatment of the above named youth. (To be signed by both parents if appropriate.)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signatures Date

AS A PARENT OR GUARDIAN interested in having my child participate on the trip, I agree that if my child breaks trip rules in a way that merits him/her being sent home from the trip, I will pay the fare home. I understand that if my student is sent home for rule violations, he/she will also incur sanctions from the school.

I further agree not to hold any trip leader or chaperone on this trip responsible for any accident that may occur.

I give my child permission to go on the retreat at St. John the Evangelist, Davison, on Friday and Saturday, December 2 & 3, 2016 with Powers Catholic High School.

\_\_\_\_\_  
Parent/Guardian Signature Date