



## POWERS CATHOLIC HIGH SCHOOL

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1505 WEST COURT STREET • FLINT, MI 48503  
(810)591-4741  
[www.powerscatholic.org](http://www.powerscatholic.org)

### The Mission: Flint

#### PARENT LETTER & PERMISSION/MEDICAL 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: **The Mission: Flint**

Destination: **Powers Catholic High School and Service Sites**

Designated Supervisor of Activity: **Fr. Tony Smela and Colton Goodman**

Date and Time of Departure: **Sunday, July 12: 7:00pm**

Date and Anticipated Time of Return: **Thursday, July 16: 11:30am**

Method of Transportation: **Students will ride PCHS buses to and from Service Sites**

**Student Cost: \$100**

**Registration form and payment are due by Monday, June 2nd. Please complete the entire registration form on the back of this letter.**

Parents, we ask that you pray for the success of this retreat and for the continued growth of all Powers students as disciples of Jesus Christ. Thank you, as always, for your support of the Powers Catholic community!

Sincerely,

Fr. Tony Smela, [frsmela@powerscatholic.org](mailto:frsmela@powerscatholic.org)

Colton Goodman, [campusminister@powerscatholic.org](mailto:campusminister@powerscatholic.org)

## Complete and Return Permission & Medical Form

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.

### Parent/Guardian Information

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

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Student Information

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

Student cell #: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance

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

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

**Special Medical Instructions - Including Dietary Restrictions** T-Shirt Size \_\_\_\_\_  
(allergies, illness, medications, etc.)

### Consent

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

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

\_\_\_\_\_  
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 trip with Powers Catholic High School.

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