

**Middle School Service Opportunity**  
**Kid's Food Basket in Grand Rapids**

Please RSVP: Theresa 616-450-1676 or by e-mail  
[dre@saintmarysmarne.org](mailto:dre@saintmarysmarne.org)

**Who:** Open to all St. Mary's Middle School Students and a friend

**What:** Service opportunity at Kid's Food Basket

**When:** Thursday, July 26, 2018

We will be meeting at St. Mary's Church. Middle School Children are encouraged to come to St. Mary's Church at 9:00 a.m. for Mass in the Chapel. For those who cannot come at 9:00 a.m. for Mass we will be meeting at 9:30 a.m. in the front of church to leave for Kid's Food Baskets.

The estimated time of pick up at St. Mary's Church is 12:00 Noon.

**Where:** Kid's Food Basket 2055 Oak Industrial Drive NE Grand Rapids

**Cost:** Free to attend.

\*For those who plan on participating, **you need to fill out and sign a Parent Permission Form and a Medical Release Form** and return them to me, Theresa Steffes before you are able to go. The forms may be brought with you the morning of the event.

**To insure we have enough drivers:**

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# PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent of Legal Guardian:

Your child is eligible to participate in a parish-sponsored activity requiring transportation to a location away from the parish premises. This activity will take place under the guidance and supervision of employees from St. Mary's Church, Marne.

A brief description of the activity follows:

**Name of Event:** Middle School Summer Service Opportunity

**Destination:** Kid's Food Basket 2055 Oak Industrial Dr. NE Grand Rapids, MI 49505

**Designated Supervisor of Activity:** Theresa Steffes

**Date and Time of Departure:** Thursday, July 26, 2018

**Method of Transportation:** Private Vehicles

**Cost:** Free

If you would like your child to participate in this event, please complete, sign, and return the bottom half of this form to St. Mary's Parish by time of departure on Thursday, July 26, 2018. No child will be allowed to attend without a signed permission slip.

## Statement of Consent

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above scheduled for Thursday, July 26, 2018. I understand that the event will take place away from the parish grounds. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless St. Mary's 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. Mary's Parish to obtain necessary medical treatment for my child in case of illness, injury, or accident. List allergies, medication, contacts, or other pertinent comments:

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During this event, I can be reached at ( \_\_\_\_\_ ) \_\_\_\_\_

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.

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(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, contacts, 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.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

(Parent or Guardian)