

St. Joseph Church Youth Ministry Permission Form

JAMBOREE 2008

Dear Parent or Legal Guardian,

Your child is eligible to participate in a parish-sponsored activity requiring transportation to a location away from parish grounds. This activity will take place under the direct guidance and supervision of authorized personnel from St. Joseph Parish. A brief description of the activity follows:

Name of Event: Diocesan Youth Jamboree

Destination: The Lansing Center, Lansing, Michigan

Date and Time of Departure: Sunday, November 2nd, 2008 – 7:30 am

Date and Time of Return: Sunday, November 2nd, 2008 – 10:00 pm

Method of Transportation: Volunteer Drivers/Chaperons

Designated Supervisor of Activity: Paul Davis, Coordinator of Youth Ministry

Student Cost: \$22.50 (St. Joseph Church is subsidizing \$22.50 as well)

Emergency Phone number: (517) 902-1011 (Paul’s cell phone)

Please retain the top portion of this form for your reference!

The lower portion of this form must be completed and turned in with your student’s fee no later than Monday, October 27th for your student to participate. As parent/legal guardian, you remain accountable for any legal responsibility, which may result from actions taken by the named student.

PERMISSION & MEDICAL UPDATE FORM

I hereby consent to participation by my son/daughter, _____, in the Diocesan Youth Jamboree. I understand that this event will take place away from parish grounds and that my student will be under the supervision of the authorized parish personnel on the above-stated dates. I further consent to the stated conditions of participation in this event, including the method of transportation.

Please indicate *current medical information* regarding your child that does not appear on the Medical History form that is on file in the Youth Ministry Office. Thank you.

My child is allergic to: _____

My child is currently taking the following prescription medications. (Please indicate name, dosage and frequency) _____

I understand that prescription medications must be turned in to the First Aid volunteer or the Youth Director at the outset of the event.

Current medical condition of my child that may factor into his/her full participation in this event. *(Please use the back if necessary)* _____

Family Health Plan & Number _____

Signature of parent/legal guardian

Phone Number

Date

PLEASE RETURN THIS FORM AND FEE NO LATER THAN MONDAY, OCT. 27th. THANK YOU.