

PARENTAL AUTHORIZATION for – Our Lady of the Prairie – P.R.E.P.

Type of event: **Summer Stretch: Wednesdays in July (12, 19, 26) 2017**

Destination of events: **M.O.A. Blmtg., Gaylord Aquatic Center, Float trip-Cannon River,**

Time of departure: **About noon each Wednesday** Leaving from: **OLP Parking Lot**

Time of return: **4-5 pm each Wednesday** Returning to: **OLP Parking Lot**

Transportation: **Parent Car pool, bus if needed** Cost: **\$125.00 each (\$50 for 1 day, \$100 for 2 days)**

Chaperones: **1 for every 6 kids** *Dates I am attending: **July 12, July 19, July 26**

Name of Student _____ M / F Age _____ Grade completed _____

Address _____

Parents Name _____ Home Phone () _____

Work Phone () _____ Work Phone () _____

Doctors Name _____ Phone () _____

Family Health Insurance _____ Policy # _____

Emergency Contacts: If you are unable to reach me or our family doctor stated above, please contact:

Name and Relationship _____

Home Phone () _____ Work Phone () _____

Medical Information I hereby state that my son/daughter is in good health and can participate in all activities in this event except as stated below.

Activities Student Should Not Participate In _____

Medications and Instructions _____

Allergies _____

Past Surgeries and/or Major Illnesses _____

Any Other Special Circumstances _____

I hereby AUTHORIZE any emergency treatment of my son/daughter that must be administered before I can be contacted. I wish to be advised as soon as possible of such treatment. I otherwise wish to be advised of any proposed medical treatment of my child prior to such treatment.

RELEASE: I agree on behalf, my son/daughter, our heirs, successors and assigns, to release, absolve, indemnify, hold harmless and defend Our Lady of the Prairie Parish, Our Lady of the Prairie Youth Ministry, its officers, directors and agents and the Archdiocese of Minneapolis and St. Paul, the chaperones, and the organizers of this event from any injury to, illness of, or cost of medical treatment for my son/daughter arising in connection with this event. I recognize that this event involves an element of risk incidental to such event and on behalf of myself and my son/daughter I hereby assume all such risk. I further recognize there is no medical insurance provided by the parish or the archdiocese.

I _____, grant permission for my son(s)/daughter(s)
Parent or Guardian

_____ to participate in this Our Lady of the Prairie Youth Ministry Event.

Signed _____ Date _____
Parent or Guardian