

# PARENT PERMISSION - STEUBENVILLE CONFERENCE



**Name of Event:** Steubenville Youth Conference

**Location:** Franciscan University of Steubenville, Steubenville, Ohio

**Date:** Friday, July 14 – Sunday, July 16, 2017

**Transportation:** Dean Transportation

**Time/Place for Drop Off:** TBA (probably around 8 a.m.) Lansing Catholic Central HS.

**Time/Place for Pick-up:** Lansing Catholic Central Parking Lot; ETA 7-8 p.m. (teens will call when they are an hour away from Lansing)

**Supervisor of the Activity:** Adult Chaperones from our parish

**Emergency Phone Number:** TBA

**Student Cost:** \$310 (if money is an issue, please let us know)



## PARENT PERMISSION FORM FOR STEUBENVILLE CONFERENCE

I understand the event describe in the upper portion of this sheet, including the details mentioned. I consent to my child's participation. I understand that no event, including the one described above, is without risk of significant injury. Nevertheless, on behalf of myself and my child, I voluntarily waive and liability that might arise on the part of the Catholic Diocese of Lansing, St. Thomas Aquinas Parish, or any cleric, administrator, employee, volunteer, chaperone, parent or student in connection with this event. My signature attests to my understanding, consent, and waiver, as set forth in this paragraph.

\_\_\_\_\_  
Parent/Guardian printed name

\_\_\_\_\_  
Parent/Guardian signature

Name of child: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

My child must take the following medication (indicate dosage, frequency, etc.):

Please note specific medical issues on the back of this sheet if necessary.

In case of emergency notify: (name and phone number) \_\_\_\_\_

I grant permission for non-prescriptive medication (Tylenol, cough syrup, Tums, etc.) and routine non-surgical care to be given to my child if deemed advisable by the supervising parish/diocesan personnel. I also grant permission to transport my child to the hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to non-emergency treatment by doctor or hospital.

\_\_\_\_\_  
Parent/Guardian Name and Date