

Jubilee at Home

PILGRIMS OF HOPE

Join other high school youth from across the Archdiocese as we celebrate the Jubilee of Hope. Begin with a Journey with the Saints at the Cathedral of the Most Blessed Sacrament, followed by a tour of the Solanus Casey Pilgrimage Center and an overnight stay at St. Colette.

August 2-3, 2025

+ **Activities include:**

- Inspirational prayer
- Meet new friends
- Overnight under the stars
- Lunch, dinner and breakfast are included
- Prayer and Liturgy

+ **Cost: \$60** (lunch, dinner, and breakfast included).

Learn more and RSVP at
aod.org/jubilee-at-home



PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the Church/school premises. This activity will take place under the guidance and supervision of employees from St. Anastasia Catholic Church.

Name of Event: Jubilee at Home: Pilgrims of Hope

Destinations: Cathedral of the Most Blessed Sacrament 9844 Woodward Ave, Detroit, MI 48202

Blessed Solanus Casey Center 1780 Mt Elliott St, Detroit, MI 48207

St. Colette 17600 Newburgh Rd, Livonia, MI 48152

Designated Supervisor of Activity: Sophia Gaves **Cell:** 947-517-7760

Date and Time: August 2 at 9:15am- August 3 at 10am

Method of Transportation: Car and Bus

Cost: \$60 Checks payable to St. Anastasia Catholic Church

Credit card payments may be made in the parish office or by phone: 248-689-8380

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*****STATEMENT OF CONSENT*****

Event Name:

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/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. 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 field trip, I hereby agree on behalf of myself and my child, to release St. Anastasia Catholic Church, the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

Parent/Guardian Email Address

Phone number(s) you can be reached with during this event

(Print Parent/Legal Guardian's Name)

(Parent/Legal Guardian's Signature)

(Date)

**Please return this entire form by: July 6, 2025 to the Parish Office or Sophia Gaves
248-689-8380 #108 sgaves@stanastasia.org**

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of 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 Minor: _____ Relationship to you: _____

Reason for which release is intended: **Jubilee at Home: Pilgrims of Hope**

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment 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)

PSI/MedRel/05-94
HAPS-March 2004

RETURN FORM BY: July 6, 2025

RELEASE FOR DISPENSING OF MEDICATION (IF APPLICABLE)

We, the undersigned parent and/or guardian of:

_____ Born ____/____/____
(Student's Name) (Grade) Mo Day Yr

do hereby sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

NAME OF MEDICATION: _____

DOSE: _____

TIME TO BE GIVEN: _____

DURATION: _____

ATTACH DOCTOR'S NOTE REGARDING EMERGENCY CARE PLAN AND ADMINISTRATION OF MEDICATION.

☐ Check here, if this release is for a metered dose asthma inhaler, insulin pump or epinephrine auto-injector, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the inhaler, insulin pump or epinephrine auto-injector possession and use by students as permitted in Public Act 10 – Revised School Code.

(Doctor's Signature) (Please Print Name) (Date)

(_____)_____
(Phone Number)

We hereby waive any liability whatever to the school or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN

(Signature)

(Print Name)

DATE _____

(April 2017) *This form MUST accompany any medications being brought on to the event*