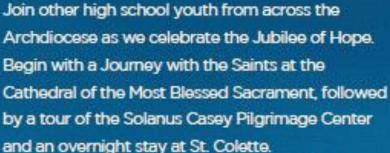
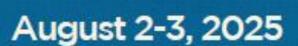
## Jubilee at Home

PILGRIMS OF HOPE





- + 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 incuded).

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 <u>St. Anastasia Catholic Church.</u>

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. **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)

## 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. Signed: \_\_\_\_\_(Parent or Guardian)

**RETURN FORM BY: July 6, 2025** 

PSI/MedRel/05-94 HAPS-March 2004

## **RELEASE FOR DISPENSING OF MEDICATION (IF APPLICABLE)**

We, the undersigned pare	nt and/or guardian of:			
		В	orn	/ /
(Student's Name)		(Grade)	Мо	Day Yr
do hereby sign and execut	e this release on behalf o	of us and or	behalf o	of our minor son/daughter/ward.
NAME OF MEDICATION:_				_
DOSE:_				_
				_
DURATION:_				_
ATTACH DOCTOR'S NOTE	REGARDING EMERGENO	CY CARE PLA	AN AND	ADMINISTRATION OF MEDICATION.
☐ Check here, if this rele	ase is for a metered dos	e asthma ir	haler, in	sulin pump or epinephrine auto-
				etion in school or at school activities.
	•	•		aler, insulin pump or epinephrine auto
injector possession and us				
(Deale de C'erre)	/Dlana Dial Name	- 1		
(Doctor's Signature)	(Please Print Name	e)	(Date	e)
			(	( )
				(Phone Number)
We hereby waive any liabi	lity whatever to the scho	ool or the A	rchdioce	se of Detroit or any of its personnel,
that might occur as the re	sult of giving said medica	ation in the	indicated	d dosage at the time requested to our
minor son/daughter/ward				
DADENT/CHADDIAN				
PARENT/GUARDIAN				
			(Si	ignature)
			(0)	8
			(P	Print Name)
			DATE	

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