

**YEAR 2 RETREAT DUE: DECEMBER 5, 2021**

**ST. ANASTASIA CATHOLIC CHURCH**  
**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 parish facilities. This activity will take place under the guidance and the supervision of staff from **St. Anastasia Parish**. A brief description of the activity follows:

Name of Event St. Anastasia Confirmation Retreat  
Destination Walled Lake Outdoor Ed Center [3577 Sleeth Court Commerce Twp, MI 48382]  
Designated Supervisor of Activity John Boutin  
DATE & TIME: There are two options for the retreat – please mark your choice below & on your calendar  
Method of Transportation: BUS

If you would like your son/daughter to participate in this event, please complete, sign and return the bottom half of this statement of consent and release of liability **along with \$8 for a t-shirt** to the Parish Offices on/before **Sunday, Dec 5, 2021**. As parent or legal guardian, you remain fully responsible for the actions and conduct of your teen.

**IF YOUR CHILD CANNOT ATTEND, PLEASE CONTACT JOHN TODAY: [jboutin@stanastasia.org](mailto:jboutin@stanastasia.org)**

**Return this form – along with Medical Release and Release for Dispensing Medication (if needed)**

**Confirmation Retreat**

**STATEMENT OF CONSENT**

I hereby consent to participation by my teen, \_\_\_\_\_ in the event described above scheduled for **Jan 28 - 29 or Jan 29 - 30, 2022**. I understand that this event will take place away from the parish grounds and that my teen will be under the supervision of the designated 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 event, I agree on behalf of myself and my child, to release **St. Anastasia Parish, the Roman Catholic Archdiocese of Detroit** and any and all affiliated organizations, their employees, agents, 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 this event. 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 or 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.

A medical release form **MUST** be turned in prior to your teen participating in this event.

Phone Number(s) where you can be reached during this event \_\_\_\_\_

\_\_\_\_\_  
**Print** Parent/Legal Guardian's Name

\_\_\_\_\_  
**Signature** of Parent/Legal Guardian

\_\_\_\_\_  
**DATE**

**t- shirt size** (please circle): **S M L XL XXL** (adult sizes) – \$8 each

**RETREAT OPTIONS:** *There are limited spots available for each retreat – it is first come first served.*

\_\_\_\_ Friday, Jan 28 at 3:45p thru Saturday, Jan 29, 2022 at 3:45p

\_\_\_\_ Saturday, Jan 29 at 3:45p thru Sunday, Jan 30, 2022 at 3:45p

**RETURN THIS FORM (and \$8) to the Religious Education Office or your catechist  
ON OR BEFORE Sunday, December 5, 2021**

**DUE Dec 5, 2021**

**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: Confirmation Retreat or Activity

Address of Minor: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

List allergies or other pertinent comments:

\_\_\_\_\_  
\_\_\_\_\_

Medications taken on a regular basis:

\_\_\_\_\_  
\_\_\_\_\_

Will the student be bringing these medications on retreat? \_\_\_Yes \_\_\_No

***If yes, please submit a Dispensing Medication Release along with this form.***

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)

**RELEASE FOR DISPENSING OF MEDICATION**

We, the undersigned parent and/or guardian of:

\_\_\_\_\_ Born \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Student's Name) (Grade/Room #) 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 \_\_\_\_\_

# Confirmation Retreat Packing list:

Destination: **Walled Lake Outdoor Ed Center** [3577 Sleeth Court Commerce Twp, MI 48382], travel by bus.

Designated Supervisor of Activity: John Boutin (586-438-0096)

Date & Time: **Two options (Jan 28—29 or Jan 29—30) – please mark your choice below, on your calendar & KEEP THIS AS A RECORD OF WHAT YOU SIGNED UP FOR.**

- † This is a weekend away from the daily hustle and bustle of life so you can be rejuvenated, filled with the Holy Spirit and prepare your heart and mind for Confirmation.
- † **LEAVE YOUR CELL PHONE AT HOME!** All the adults have a phone and John Boutin has a phone in case of emergency (586-438-0096).

## Weekend Itinerary

### FRIDAY/SATURDAY RETREAT:

Please be at the Davidson Center (1st building on our property) by 3:30p. Check-in and load the bus. We'll be eating dinner when we arrive at the retreat site. Return pick up 3:30p on Saturday

### SATURDAY/SUNDAY RETREAT:

Please be at the Davidson Center by 3:30p. Check-in and load the bus. We'll be eating dinner when we arrive at the retreat site. Return pick up 3:30p on Sunday

## Packing List:

Pants	Toiletries & Towel	<b>A SNACK TO <u>SHARE</u>*</b>
Underwear	Pillow & Sleeping Bag	<b>(8-10 servings)</b>
Socks	Bible & journal (optional)	<b>*snacks must be turned in</b>
Sneakers	*We will be inside all	<b>before boarding the bus</b>
T-Shirts	weekend so no snow	
Sweatshirts/Hoodies	gear required.	

## DO NOT bring these:

**No Electronic Devices:** Remember this is a weekend away from the normal daily things and “noise” of life. **Leave the cell phone and iPod at home!**

All adult leaders will have cell phones for emergencies.

**No Cigarettes, Alcohol, or Drugs. (Prescriptions require a medication form.)**

Questions? Contact John Boutin, Confirmation Coordinator (586-438-0096)

Email: [jboutin@stanastasia.org](mailto:jboutin@stanastasia.org) :: Office: 248-689-8380, Ext. 108

**Note here which retreat you signed up for:**

Fri, Jan 28—Sat, Jan 29 OR  
 Sat, Jan 29—Sun, Jan 30