



**WHAT:** RISE is the Archdiocese of Detroit's conference for high schoolers with dynamic speakers, powerful music and worship experiences, two breakout sessions, small group discussion, and Mass! Lunch and dinner will be served at the conference. This year's theme is Finding Your Purpose (Jeremiah 29:11)!

**WHERE:** Mercy High School

29300 West Eleven Mile Road Farmington Hills, MI 48336

**WHEN:** Sunday Feb 5, 2023 7:15am-8:05pm

**HOW:** \$35 per student, we will take a bus from the Davidson Center and back.

**Permission Slips and Payment due Jan 27, 2023**

**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 school premises. This activity will take place under the guidance and supervision of employees from St. Anastasia Catholic Church.

Name of Event: **RISE 2023**

Destination: **Mercy High School 29300 West Eleven Mile Road Farmington Hills, MI 48336**

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

Date and Time of Event: **SUNDAY, Feb 5, 2023 Students arrive @ 7:15am at Davidson Center**

**Bus leaves promptly @ 7:30am**

**8:05pm (approx.) bus arrives back at Davidson Center**

Method of Transportation: **Bus** Cost: **\$35 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: **RISE 2023**

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.

Phone number/s where you can be reached during this event \_\_\_\_\_

\_\_\_\_\_  
(Print Parent/Legal Guardian's Name)

\_\_\_\_\_  
(Parent/Legal Guardian's Signature)

\_\_\_\_\_  
(Date)

**T-shirt size** \_\_\_\_ (The first 15 students to register will receive a free t-shirt)

**Please return this form & payment by Fri Jan 27, 2023 to the Parish Office or John Boutin**

**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: **RISE 2023 or event**

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: Jan 27, 2023**

**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*