

# Theotokos

(For girls in 5th to 8th grade)

## Road Trip to visit Sisters of St. Francis of Perpetual Adoration Sunday, October 23



We will have a unique opportunity to tour the Mother House in Mishawka, talk, play and pray with the sisters and visit with Sr. Mary Grace who made her First Profession on August 10, 2011. Bring a few dollars for breakfast at McDonalds and a sack lunch for our picnic with the sisters. **Permission form is due October 16.**

### MEDICAL INFORMATION RELEASE, AND LIABILITY WAIVER

We, the parent/guardian of \_\_\_\_\_ permit our son/daughter to attend.

**What:** Theotokos Trip to Mishawka, IN

**When:** Meet at St. Joan of Arc for 7:30AM Mass before traveling to Mishawka  
Pick up at St. Patrick Bethany Center at 5:00PM

We, as parents/guardians of the undersigned minor(s), hereby consent and agree to hold harmless, St. Patrick Parish, St. Joan of Arc Parish and /or the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with activity and our child's event arranged transportation necessary to participate in the aforementioned activity. We understand that our child may be assigned to ride with a licensed adult driver, driving a privately owned automobile, school bus, or charter bus, and that this assignment will be made by the aforementioned staff member.

The undersigned further agrees to hold harmless St. Patrick Parish & St. Joan of Arc Parish and its respective members, directors, employees, and agents from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses sustained by the indemnities as the result of negligent, willful, or intentional acts of the undersigned and/or participant.

I give my permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by either a parent or adult in charge or by parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the parish member in charge or adult chaperone to secure proper treatment for my son/daughter.

I hereby give my permission to St. Patrick Parish, St. Joan of Arc Parish and the Diocese of Lafayette-in-Indiana to utilize the participants image, likeness, actions and statements in any live or recorded audio, video, or photographic display or other transmission or reproduction, in whole or in part, of the activity.

Parish Representative Signature: \_\_\_\_\_ Date: 9/15/2011

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE PRINT LEGIBLY

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Emergency Contact Name (Other than parent/guardian) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Accident/Hospitalization Policy: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Current Allergies: \_\_\_\_\_ Current Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**PERMISSION TO GIVE:** Tylenol: Yes No Ibuprofen: Yes No Aspirin: Yes No

Call Kelli at 452-6021 for more information or if you are able to chaperone.