

PERMISSION SLIP

PARENT/GUARDIAN PERMISSION FORM FOR FIELD TRIPS

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in an offsite activity during school hours, requiring transportation. This activity takes place under the guidance and supervision of authorized personnel from Resurrection School. A brief description of the activity follows.

NAME OF EVENT: Confirmation Retreat
DESTINATION: St. Therese School/Church
ARRIVAL DATE and TIME: Friday, October 27, 2023 8:15 am
ANTICIPATED RETURN: Parent pick up at St. Therese at 2:30 pm
DESIGNATED SUPERVISORS: Debbie McPherson & Brian Fink
STUDENT COST: \$50
EMERGENCY PHONE NUMBER: 810-869-2072 Debbie McPherson cell
OTHER INFORMATION: We will provide lunch.

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and acknowledgement. As parent or legal guardian, you remain responsible for any legal responsibility that may result from actions taken by the named student. This section is for your information. **Please Note:** Photos will be taken at this event. If you would prefer your student to not be photographed, please contact Debbie McPherson. dmcpherson@corlansing.org

I hereby consent to participation by my son/daughter, _____
In **RESURRECTION CONFIRMATION RETREAT** on **Friday, October 27, 2023**.

I understand that this event will take place away from the parish/school grounds and that my son/daughter will be under the supervision of the authorized parish/school personnel as indicated above on the stated date(s). I consent to the stated condition for participation in this event. I further understand that if my student chooses behavior that is inappropriate, I may be requested to remove him/her from the program.

(printed parent name

parent signature

date

A medical release form MUST be on FILE for your son/daughter to participate

FRIDAY, OCTOBER 27, 2023