

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 Frances Cabrini School and/or Parish.

Name of Event: Arizona Regional

Destination: Phoenix Arizona

Designated Supervisor of Activity: Ellen Pfafflin cell phone: 313-770-1797

Date and Time of Departure: Wednesday March 5, 2008

Method of Transportation: Plane

Leave From: Northwest Terminal 5 am

Return: Northwest Terminal 8 pm

Student Cost: \$1050

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*******

I hereby consent to participation by my child, _____, in Arizona Regional at Phoenix on March 5 - 9, 2008. 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 Frances Cabrini School and/or Parish, 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.

(Print Parent's Name)

(Parent's Signature)

(Date)

Please return this entire form by: Feb 29 to Ellen Pfafflin
(Date) (Person)

ALLEN PARK PUBLIC SCHOOLS
CONSENT FOR MEDICAL TREATMENT OF A MINOR CHILD

I (We), _____ and _____

I am (we are) the parents (s) or legal guardian(s) of _____

a minor, age _____, born _____ 19_____, _____
(month, day) (street address)

_____ (city, state)

The undersigned does hereby grant to the individuals listed below the limited Power of Attorney

To act for me and to give the required consents and authorizations for the delivery of medical care,
diagnoses, and treatment, if necessary, for a period of time during my absence from MARCH 5, 2008
to Mar 9, 2008, under the general or special supervision and on the advice of any physician
or surgeon licensed to practice medicine in the state (s) of ARIZONA,

and do all other necessary things as I might or could do if personally present.

Ellen Pfafflin Sharon Giertz Norm Blaskay
(Name of responsible adult) (Name of responsible adult)

The limited Power of Attorney is given pursuant to the provision of PA 1978, 642, Section 405 of the
Probate Code and said Power of Attorney is not to exceed six months.

(Signature of Parent/Legal Guardian) (Relationship to Child)

(address) (phone - home and work)

Date this _____ of _____, 20_____.
(day) (month)

Private Physician: _____ Phone: _____

Insurance: _____
(company and number)

Known allergies/significant medical history: _____

Last tetanus immunization: _____

Phone number where parents can be reached: _____

Address where parents can be reached: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

(Signature of Notary Public)

Notary Public, _____ County, Michigan.

My Commission expires _____

ALL OUT-OF-STATE FIELD TRIPS REQUIRE
THE NOTARY'S SEAL ON THIS FORM