

# Michigan State Circle Columbian Squires

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## PARENT PERMISSION FORM FOR TRIP PARTICIPATION

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Dear Parent or Legal Guardian:

Your son is eligible to participate in a State Circle-sponsored activity requiring transportation to a location away from the local council premises. This activity will take place under the guidance and supervision of Directors appointed by the Michigan State Council Knights of Columbus and Counselors appointed to your local Squires Circle by your local Knights of Columbus council. A brief description of the activity follows.

Activity: \_\_\_\_\_

Destination Location & City: \_\_\_\_\_

Local Council Name & Number: \_\_\_\_\_

Local Circle Name & Number: \_\_\_\_\_

Local Circle Counselor in Charge: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_

Date and Anticipated Time of Return: \_\_\_\_\_

Child's Cost: \_\_\_\_\_ (any snacks, money for souvenirs, etc. are the child's responsibility)

If you would like your son 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 the event described above. I understand that this event will take place away from the local council grounds and that my son will be under the supervision of the designated local circle Counselor(s) of the stated dates. I further consent to the conditions stated above on participation in this event.

In consideration of my son being allowed to participate in this trip, I agree to indemnify and hold harmless the Michigan State Council Knights of Columbus, Michigan State Circle Columbian Squires, the local council and circle listed above, any and all affiliated organizations, their employees, agents and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this trip. This indemnification and hold harmless agreement does not apply to claims for intentional misconduct or gross negligence.

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### CONSENT FOR MEDICAL TREATMENT OF A MINOR CHILD

I (we) \_\_\_\_\_ am (are) the parent(s) or Legal Guardian(s) of \_\_\_\_\_, a minor, age of \_\_\_\_\_, born on \_\_\_\_\_, and living at \_\_\_\_\_, I (We) authorize \_\_\_\_\_, an adult, who resides at \_\_\_\_\_, in the city of \_\_\_\_\_, county of \_\_\_\_\_, State of MICHIGAN to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the State of Michigan. This authorization is valid for the dates listed above.

Print Parents/  
Guardians Name: \_\_\_\_\_

Sign Parents/  
Guardians Name: \_\_\_\_\_

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Medical Insurance Carrier I.D. #: \_\_\_\_\_

Medicines being taken now: \_\_\_\_\_

Members Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Benefit Code: \_\_\_\_\_

Phone Number to contact you: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone Number to other contacts: \_\_\_\_\_

**(BOTH COPIES MUST BE SUBMITTED AT REGISTRATION OF ACTIVITY)**