



Mercy High School Spirit Week: Make A Difference Day

Friday, September 25, 2015

Transported to Service Site by Mercy or Contracted Buses

Cost: None Time 8:00-1:40 pm

Complete both Permission Slip and Health Form and return to your daughter's Adviser by Friday, September 11.

As part of the Spirit Week Activities the entire school community will be involved in a Service Day. This includes having your daughter bused to a service site with her Adviser to perform various service activities (work may be indoors or outside depending on the site placement). This event is mandatory. Service is part of our mission as Mercy, and it is vital to developing "*Women Who Make A Difference.*"

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 school grounds and that my child will be under the supervision of the designated school employees 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 agree to indemnify and hold harmless Mercy High School, any and all affiliated organizations, their employees, agents and representatives, including negligence, arising from or relating to my child's participation in this field trip. This indemnification and hold harmless agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Guardian Signature _____ Date _____

Parent/Guardian of _____ Adviser _____

Daytime Phone _____ Email address _____

Cell Phone _____

MEDICAL TREATMENT AUTHORIZATION

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by 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 reasonable effort has been made to reach me.

Name of minor _____ Adviser _____

Relationship to me _____

Reason for which release is intended-Mercy Service Day

Mercy Make A Difference Day: 9/25/15

Address of minor _____

Emergency phone (s) _____

Family Physician _____ Phone _____

Physician address _____ City _____

**List: allergies, medications, contacts or other pertinent comments.
Make sure your daughter has her medicine with her including: epipen,
insulin, inhaler, and/or medicine. AND IT MUST BE NOTED ON THIS
FORM.**

Health Insurance Data:

Company: _____ Policy #: _____

Group # _____ Contract _____

I further authorize the person who presents this minor to sign Acknowledgement of Receipt of Notice Privacy Rights that may presented by the physician or healthcare facility.

This authorization is complete and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Parent/Guardian Signature _____ Date _____

BOTH SIDES OF THIS PAPER MUST BE COMPLETED TO PARTICPATE IN SERVICE DAY