

Most Holy Trinity Parish

545 N Maple St, Fowler, MI 48835

Travel Liability Form

2025 Steubenville Main Campus

This form must be printed, completed and returned to Most Holy Trinity parish office or emailed to dre@mhtparish.com

First name: _____ Last Name: _____

Parents: _____ Address: _____

Date of Birth: _____ Phone #: _____

By signing below, I give my son/daughter named on this form permission to attend the 2025 Steubenville Youth Conference.

I understand that my son/daughter will depart from the Most Holy Trinity church parking lot in Fowler on the morning of Friday, June 27, at 9:15 AM and will spend the entirety of the weekend at Franciscan University in Steubenville, Ohio. My child will depart from Steubenville, Ohio, and arrive back in Fowler on the evening of Sunday, June 29 (expected time of return 7:30 pm).

I realize that I am also responsible for transporting my son/daughter home upon their return to the Most Holy Trinity church parking lot.

Please print off this form, complete it, and return it to the parish office or email to dre@mhtparish.com.

Parent(s) Signature: _____ Date: _____

Medical Emergency Release Form

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 a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: _____

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contacts, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

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

Date: _____ Signed: _____
(Parent or Guardian)