

St. Andrew Catholic Church – Saline, Michigan  
CREDO Program Off-Site Event  
**PARENT/GUARDIAN PERMISSION FORM**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish/school sponsored activity requiring transportation to a location away from the parish building. This activity will take place under the guidance and supervision of authorized personnel from St. Andrew Catholic Church. A brief description of the activity follows:

**Name of the Event:** *Halloween Party at the St. Louis Center*  
**Date:** *Sunday, October 30th*  
**Destination:** *St. Louis Center*  
**Date and Time of Departure:** *Leaving St. Andrew at 9:00 AM*  
**Date and Anticipated Time of Return:** *Returning to St. Andrew at 2:30 PM*  
**Method of Transportation:** *Carpools*  
**Designated Supervisor of Activity:** *David Fiske*  
**Student Cost:** *\$0 (bring a non-violent costume!)*  
**Emergency Phone Number:** *734-323-5542 (Nancy Carter Cell)*

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and acknowledgment. As parent or legal guardian, you remain responsible for any legal responsibility which may result from actions taken by the named student. This section is for your information.

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**PERMISSION FORM FOR *CREDO* OFF-SITE EVENTS**

I hereby consent to participation by my son/daughter, \_\_\_\_\_ in the off-site trip listed below.

**Name of the Event:** *Halloween Party at the St. Louis Center*  
**Date:** *Sunday, October 30th*  
**Destination:** *St. Louis Center*  
**Date and Time of Departure:** *Leaving St. Andrew at 9:00 AM*  
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**Method of Transportation:** *Carpools*  
**Designated Supervisor of Activity:** *David Fiske*  
**Student Cost:** *\$0 (bring a non-violent costume!)*  
**Emergency Phone Number:** *734-323-5542 (Nancy Carter Cell)*

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 dates. I consent to the stated conditions for participation in this event, including the method of transportation. I further understand that if my student chooses behavior that is inappropriate, I may be requested to remove my student from the program.

\_\_\_\_\_  
(print parent's name)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(parent's signature)

\_\_\_\_\_  
(phone)

**A medical release form must be on file before your son/daughter may participate in this activity.**