right to life
MACOMB COUNTY NORTHWEST
LIFE. THE OTHER CHOICE.

PO Box 380402, Clinton Twp, MI 48038-0065
Email: info@nwmacomb4life.org
POC: Joan Moses, 586.306.7718

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

NAME OF EVENT: Michigan March for Life

DESTINATION: Michigan State Capitol, Lansing, MI

FIELD TRIP ORGANIZER: Right to Life Macomb County Northwest

DATE & TIME OF DEPARTURE: November 6, 2025, at 8:00 a.m.

Ss. Cyril & Methodius Slovak Catholic Church, 41233 Ryan Rd, Sterling Heights, MI 48314
Bus Captain, Joan Moses, 586.306.7718

DATE & EXPECTED TIME OF RETURN: November 6, 2025, at 4:00 p.m.

METHOD OF TRANSPORTATION: Coach bus provided by Silver Sand Premium Coach Service

DRESS: This is an outdoor event. Dress for the weather.

I hereby give permission for my child _____
to participate in the event described above. I further consent to the conditions stated above on participation in this event, including the method of transportation. I will provide an adult chaperone to accompany my child.

In consideration of my child being allowed to participate in this event, I hereby agree on behalf of my child, to release Right to Life of Michigan, any affiliated organizations, their employees, agents, and representatives, including any volunteers and the designated adult chaperone, from all claims arising from my child's participation in this event.

CHAPERONE (18 yrs. or older): _____ **Cell Phone:** _____

Parent / Guardian Name (Please Print): _____

Street Address: _____

City, State: _____ **Zip Code:** _____

Parent/Guardian Phone: Home/Cell: _____ **Work:** _____

Emergency Contact if parent is unreachable: _____

Emergency Contact Phone # _____ **Relationship to Child:** _____

Parent's Signature: _____ **Date:** _____