

HIGH SCHOOL MISSION TRIP PERMISSION FORM

Student/Participant Name _____ Date of Birth _____ Sex _____ TShirt Size _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Work/Cell Phone _____ Work/Cell Phone _____

Date of Event/Field Trip: Sunday, July 22, 2012 to Saturday, July 28, 2012 Type of Field Trip Mission Trip .

Student Cost \$350.00 Destination: Catholic Heart Workcamp Kansas City, KS, site (St. James Academy 24505 Prairie Star Parkway Lenexa, KS 66227)

Individual(s)/Teacher(s) in Charge Janine Ricker—High School Youth Minister .

Estimated Time of Departure 5AM Sunday, July 22, 2012 Return 6PM Saturday, July 28, 2012

Mode of Transportation To & From Event/Field Trip Volunteer Drivers

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

_____	_____	_____
Name	Relationship	Phone Number

HEALTH INFORMATION:

Medication my child is taking at present _____

For headache or minor pain, my child may be given _____

Allergies _____

Other Medical Conditions _____

Insurance Company _____ Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

I, _____, **GIVE PERMISSION FOR** _____
Parent or Guardian Name Child Name

TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school from any claims or law suits brought by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school in defense of such a claim/suit.

I agree to drop my child off at the departure location at least 15 minutes prior to departure and to provide transportation home at my expense.

I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by the Church Of The Epiphany while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

Parent/Guardian Signature _____ Date _____

Permission for Photo Use: I give permission for pictures and videos of my child to be used by the Church of the Epiphany on their website, newsletters, bulletin boards, or other publications for parish and program promotion and information.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. **(Of the following statements pertaining to medical matters, sign only those that are applicable.)**

Medical Treatment: In the event it comes to the attention of the Church Of The Epiphany, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are indicated on attached Prescription Drug & Medical Authorization Form.

Signature: _____ Date: _____

Sign only ONE of the following two statements:

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The Church Of The Epiphany will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

CODE OF CONDUCT

Participation in this EPIPHANY Youth Event is a privilege; therefore, the following guidelines have been established:

1. He/She shall not use or have possession of any alcohol, tobacco, drugs or anything that could be used as a weapon during any part of this event.
2. He/She shall be prompt in regards to check-in times, etc. so that this event proceeds as scheduled.
3. He/She shall refrain from disrespectful behavior (i.e. name calling, destruction of property, littering, pranks, disobeying direction from leaders, causing physical/spiritual/emotional harm and generally disrespectful behavior).
4. He/She shall remain in sleeping room after lights out until the first scheduled event of the following morning.
5. He/She shall otherwise follow the rules of this particular event.

Violation of any of the above guidelines will not be tolerated. If a violation occurs the following actions will be taken:

1st infraction Adult leader will give a warning.

2nd infraction Coordinator will address behavior.

3rd infraction Parent or guardian will be called and expected to come pick up their child.

****** If a youth participant violates guidelines 1 or 4, the parent/guardian will be called immediately and be expected to provide transportation home at their own expense. No warning will be given for these infractions.**

I have agreed to the guidelines stated above.

Youth Participant Signature

Date

Parent/Guardian Signature

Date