

HIGH SCHOOL RETREAT PERMISSION FORM

Student/Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ T-Shirt \_\_\_\_\_

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: Fri., Jan. 29—Sun., Jan.31, 2010 Type of Field Trip Retreat
Student Cost \$100 Destination Koinonia Retreat Center, South Haven, MN
Individual(s)/Teacher(s) in Charge Janine Ricker—High School Youth Minister
Estimated Time of Departure 7:00 PM Friday Return 6:30 PM Sun. (youth will attend 5:30 Mass – families invited)
Mode of Transportation To & From Event/Field Trip Bus

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: \_\_\_\_\_

