2018 Spring Retreat Permission Slip

HOLY NAME OF JESUS

155 County Road 24

Wayzata, MN 55391

PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name: _____

Birth Date: _____ □ Male □ Female Grade: _____ School: _____

Parent/Guardian Name(s): _____

Home Address: _____ City: _____ Zipcode: _____

Telephone: (H) _____ Business/Cell: _____

Parent E-mail: _____Teen E-mail: _____

T-Shirt Size (Please check size) : □ XS □ S □ M □ L □ XL □ XXL

Type/Date of event: HNOJ Crew Spring Retreat 2018 – April 20-22, 2018
Individual(s) in charge: Kory LaCroix - (763) 229-5159, klacroix@hnoj.org
Transportation: Bus
Drop Off: 5:00pm, April 20 (HNOJ), Depart: 5:15pm
Pick Up: 4:00pm, April 22 (HNOJ)
Cost of Event: $135 by April 4, $150 from April 5-15.
All Registrations Due: April 15, 2018.

I, _____, grant permission for _____
(Parent or Guardian's Name) (Participant's Name)

To participate in the above name activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Holy Name of Jesus and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis 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 and Archdiocese in defense of such a claim/law suit.

I also hereby waive and release the named church and the Archdiocese of St. Paul/Minneapolis from all claims and liability arising from any acts or omissions by the church, Archdiocese or their agents with regard to any injuries or damages incurred by my child during the ordinary course of the event/activity. This release and waiver shall not apply to claims that may arise from intentional acts.

*Should photos or video be taken, I give my permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event/activity or our parish Youth Ministry without compensation to me or my child.

**If you do not want your child's image and/or likeness to be used to promote parish youth ministry events, contact the above stated individual in charge to receive a version of this form that does not include the previous clause; however, some events/activities may require this clause.

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

_____ at _____.
(Name) (Phone Number)

MEDICAL INFORMATION:

Medication my child is taking at present: _____
Allergies: _____
Family Health Plan Carrier Number:_____
Family Doctor: _____ Phone Number: _____

As a parent or guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ Date: _____

Cash/Check/Charge VS/MC/AE Date: _____Paid: _____ #: _____
Name & Address: _____
Card #: _____ Exp: _____ Code: _____

Signature if paying by card: _____

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 *Holy Name of Jesus* or its officers, directors and agents, and the Archdiocese of St Paul & Minneapolis, chaperones, 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.
Signature: _____ Date: _____

> Medication: 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: _____

> 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: _____

> Non-Prescription Medication: I hereby grant permission for **non-prescription medication** (such as non-asprin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.
Signature: _____ Date: _____

****Specific Medical Information:** *Holy Name of Jesus* 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

The following are a few rules that all participants are expected to follow while participating and representing *Holy Name of Jesus* in this event sponsored by *Holy Name of Jesus*.

Please Read and Sign

I, _____, WILL:
(Printed name of Participant)

> Treat all other persons with respect and not cause any intentional harm (physically, emotionally or spiritually) to any person in any way
> Respect the property of others, including all program facilities and property.
> Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to: chaperones, support staff, transportation personnel and administration.
> Be on time for all check-ins and departure time.
> Not have in my possession any tobacco, alcohol or any controlled illegal substance.

I agree that if any of these terms are violated, *Holy Name of Jesus*, can send the participant home at the participant/guardian's expense.

_____ _____
Youth Participant Signature Date

_____ _____
Parent/Guardian Signature Date

HOLY NAME OF JESUS CHURCH

PRESCRIPTION DRUG AND MEDICINE AUTHORIZATIONS

(USE THIS FORM ONLY OF MEDICATION IS TO BE GIVEN BY CHAPERONS DURING THE EVENT)

Any prescription or over-the-counter medicine must be in the original, labeled container.

THE FOLLOWING INFORMATION MUST BE COMPLETED BEFORE MEDICINE IS GIVEN.

Student Name: _____

Name of Prescription/Medicine: _____

Prescribing Dosage: _____

Prescribing Doctor: _____

Amount of Dosage: _____

Times to be Given: _____

Duration of Prescription: _____

I, _____, hereby authorize the Adult Chaperones to dispense
Parent/Guardian

medicine to _____ as directed above.
Student

_____ _____

Signature of Parent/Guardian Date