

Overflow Spring Retreat

April 28-29, 2012

Camp Friendship



Cost: \$100

Questions? Comments? Concerns?

Contact Elizabeth at 651-777-8304

Overflow Spring Retreat 2012

Archdiocese of St. Paul/Minneapolis Parental/Guardian Consent Form and Indemnity Agreement

Participant's name: _____ Date of Birth: _____ Gender: ____ Grade: ____

Home address: _____ Home Phone: _____

Mother's name: _____ Work Phone: _____ Cell Phone: _____

Father's name: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ T-shirt Size _____

Date of event: Saturday April 28-Sunday April 29, 2012

Type of event: Overflow Spring Retreat

Destination of event: Camp Friendship

Individual in charge: Elizabeth Reding

Estimated time of departure and return: 8:00am (Saturday) – 4:00pm (Sunday)

Mode of transportation to and from event: Carpool

Student cost: \$100

I, _____, grant permission for _____,
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. I agree to indemnify The Church of St. Peter and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against The Church of St. Peter/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 Church of St. Peter and the Archdiocese in defense of such a claim/law suit.

Emergency Medical Treatment: In the event of an emergency, I hereby 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:

Name & Relationship: _____ Phone: _____

Medical Information:

Medication my child is taking at present: _____

Family Health Plan Carrier: _____ Policy #: _____

Family doctor: _____ Phone: _____

Allergies and/or Other Medical Conditions: _____

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

Signature: _____ Date: _____

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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 St. Peter, 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: _____

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: Church of St. Peter 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: _____

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CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing the Church of St. Peter

In this event sponsored by the Church of St. Peter

On Saturday April 28-Sunday April 29, 2012

Please read and sign.

I, _____, WILL:
Printed Name of Youth 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, the Church of St. Peter can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please return to: Elizabeth Reding, 2600 North Margaret St., North St. Paul, MN 55109

The Parish/School sponsoring this activity is responsible for receiving an authorized form for each participant under the age of 18.