

Summer Service Staycation July 7th-9th - Permission/Medical Form

Please fill out BOTH sides of this form and submit \$50 **NO Later than June 18th** to the Parish Office.

Student's Name: _____ (M/ F) circle one

I attend _____ School. Grade: _____

I am a member of _____ Parish

T-Shirt Size: (circle one) S M L XL XXL

Address: _____

City: _____ Zip: _____

Home Phone: _____ Student Cell #: _____

Parent Email: _____

Student Email: _____

Primary parent/guardian contact:

Name: _____ Cell # _____

Secondary parent/guardian contact:

Name: _____ Cell # _____

In case of an emergency, and a parent cannot be reached please contact:

Name: _____ ph # _____

Relationship to Student: _____

_____ I can chaperone and be a participant for the **entire event**, (must be 21 or older and have valid driver's license and insurance). Name: _____ I can transport _____ # of teens

_____ I am available as a driver/chaperone **during the day only** (Transport teens to worksite and STAY to help from about 8 am-4:30 pm EACH DAY, must be at least 21 with valid driver's license and insurance).

Name: _____ I can transport _____ # of teens.

_____ Sorry, I am unable to help with this event.

FILL OUT MEDICAL AND RELEASE INFORMATION

Permission and medical information for: _____ (name of participant)

- I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of this event.
- Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the personnel permission to use their judgment in obtaining medical service for my child, and I give permission to the physician selected by the personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to be responsible for all charges related to the care given.
- I understand any insurance benefits that are effective have limited application.
- I understand if my child is found to have alcohol, any controlled substance, tobacco products or weapons in their possession, the personnel in charge will take appropriate action. Inappropriate behavior will also be dealt with up to and including calling me sending my child home.
- This trip will be a smoke-free event for all participants including adults.
- I give permission for my child to participate in all the activities associated with this event. I also give permission for my child to be transported to and from the work sites and activities during this event. I assume responsibility for his/her transportation to and from St John & Paul on Sunday and Tuesday.
- I give permission for my child's photo to be taken and used for the purpose of promotional material such as but not limited to the church website, Catholic Mirror, etc

*The information requested is necessary to permit treatment at a medical facility. Reasonable care will be taken to keep the information confidential.

INSURANCE INFORMATION ABOUT POLICY HOLDER:

Name of Policy Holder: _____ Policy Holder's Date of Birth: _____

Insurance Company Name: _____ Phone #: _____

HEALTH/MEDICAL INFORMATION ABOUT Participant:

Participant's Date of Birth: _____

*Policy Number: _____

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

Immunizations: Date of last tetanus/diphtheria: _____

Medically prescribed dietary needs: _____

Does your child use any of the following devices: contact lens, hearing aid, glasses or asthma inhaler

Additional special medical, physical or dietary conditions staff should be aware of:

Medications: My child is taking medication at present. YES / NO (circle one)

If yes, my child will bring such medications necessary in original container and well labeled. Names of medications and concise directions must be on the label. All participants will be responsible for taking their own medication for the duration of this event unless otherwise directed by parent.

My child is currently taking these medications (please indicate dosage and frequency):

I grant permission for non-prescription medications such as Tylenol, ibuprofen, lozenges etc. to be administered to my child if deemed necessary by staff. List any medications you DO NOT want your child to receive: _____

Signature: _____ **Date:** _____
(Parent or Guardian)