

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from St. Anastasia Catholic Church.

Name of Event: Mission Trip & Retreat

Primary Destination: Bethany Youth Retreat Center (Location July 28-Aug 2)
881 Germania Road, Frenchville, PA 16836 (814) 263-4177

Secondary Destination: Our Lady of Mt Carmel Camp & Retreat Center (Location Aug 2-3)
289 Camp Elliot Lane Volant, Pennsylvania 16156 (724) 533-8013

Designated Supervisor of Activity: John Boutin Cell: (586) 438-0096

Date and Time of Arrival for Departure: Sunday July 28th 7:30am at the Davidson Center

Date and Time of Return: Saturday August 3rd 2:00pm to the Davidson Center

Method of Transportation: Cost: \$250 (plus meal costs during the Sun drive and Sat drive)

Checks payable to St. Anastasia Catholic Church Credit card payments accepted in parish office or by phone: 248-689-8380

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*******STATEMENT OF CONSENT*******

Event Name:

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release St. Anastasia Catholic Church, the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

Phone number/s where you can be reached during this event _____

(Print Parent/Legal Guardian's Name)

(Parent/Legal Guardian's Signature)

(Date)

**Please return this entire form by: Mon June 3rd to the Parish Office or John Boutin
248-689-8380 #108 jboutin@stanastasia.org**

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: **Mission Trip & Retreat**

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____

Signed: _____

(Parent or Guardian)

PSI/MedRel/05-94
HAPS-March 2004

RETURN FORM BY: June 3rd

RELEASE FOR DISPENSING OF MEDICATION (IF APPLICABLE)

We, the undersigned parent and/or guardian of:

_____ Born ____/____/____
(Student's Name) (Grade) Mo Day Yr

do hereby sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

NAME OF MEDICATION: _____
DOSE: _____
TIME TO BE GIVEN: _____
DURATION: _____

ATTACH DOCTOR'S NOTE REGARDING EMERGENCY CARE PLAN AND ADMINISTRATION OF MEDICATION.

Check here, if this release is for a metered dose asthma inhaler, insulin pump or epinephrine auto-injector, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the inhaler, insulin pump or epinephrine auto-injector possession and use by students as permitted in Public Act 10 – Revised School Code.

(Doctor's Signature) (Please Print Name) (Date)

_____(_____)_____
(Phone Number)

We hereby waive any liability whatever to the school or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN

(Signature)

(Print Name)

DATE _____

(April 2017) *This form MUST accompany any medications being brought on to the event*

VOLUNTEER PROFILE

Name _____ Male Female

Nick Name _____

Phone _____

Email _____

Address _____

Birth Day ___ / ___ / _____ Grade Completed _____

Have you been here before? Yes No

Emergency Contact Name _____ phone/cell # _____

Group Name _____ Date of Arrival ___ / ___ / _____ Departure ___ / ___ / _____

Do you have a special Diet or Allergies _____

Are you able to participate in strenuous work and recreational activities? Yes No
If no, please explain: _____

PERSONAL SKILLS – HOW MUCH EXPERIENCE?

Scale: (None) 0 - 1 - 2 - 3 - 4 - 5 (Able to teach others)

- | | | |
|--|---|---|
| <input type="checkbox"/> Painting | <input type="checkbox"/> Lawn Work | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Visit the sick | <input type="checkbox"/> Experience with Children |
| <input type="checkbox"/> Experience with Elderly | <input type="checkbox"/> Cooking | <input type="checkbox"/> Experience with Handicap |
| <input type="checkbox"/> Work with tools | | |

Play Musical Instrument: Yes No If so, what? _____

Can you bring it with you? Yes No

Other Skills can you can contribute to the service work _____

Please explain any of the above skills ranked as a 4 or 5

All documents and information may be sent to: SrSuzanne@AnawimMinistries.org



YOUTH MEDICAL RELEASE FORM

As a member of the _____ (name of Parish/School),
I, _____ understand and agree to the
"Code of Behavior," and "YPWC Rule of Life", I will notify my parents or legal guardian
at the time of any infraction that may requiring my dismissal from the program and that
I will be sent home at my parent/guardian's expense.

_____ Youth SIGNATURE _____ Age _____ Grade Completed _____ Date of Birth _____

MEDICAL INFORMATION (please print clearly and use back if necessary)

My child is allergic to (medication/food/other)

My child must take the following medications (indicate dosage, frequency, etc.)

Can your child receive the following?

Aspirin Yes No Acetaminophen Yes No Ibuprofen Yes No

You should be aware of these special medical conditions/needs of my child

(dietary, asthma, walking assistance, bee sting allergies, etc)

Is your child currently under a physician or counselor's care? Yes No

If yes, please explain _____

Family Physician _____

Youth Social Security # (hospital use only) _____

Family Health Insurance Company _____

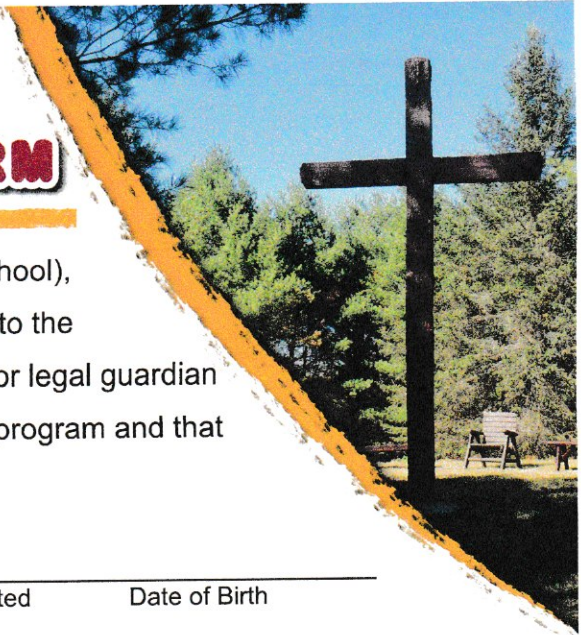
Policy Number (Individual) _____ Benefit/Plan/Group #: _____

In case of emergency notify _____

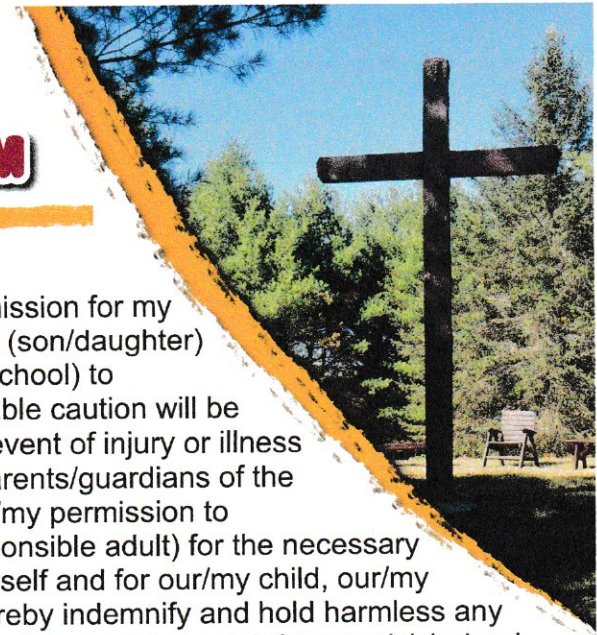
Emergency Contact Relationship to youth _____

Emergency Contact Daytime Phone _____

Emergency Contact Evening Phone _____



CONFIDENTIAL RELEASE FORM



PARENT/GUARDIAN (all highlighted fields require completion)

I, _____; the undersigned, give permission for my _____ (son/daughter) from _____ (Parish/School) to

participate in YPWC Service Program. It is understood that reasonable caution will be taken by the organizers to prevent injuries to all participants. In the event of injury or illness to our/my child during his/her participation in this event, and if the parents/guardians of the above mentioned persons cannot be reached, We/I hereby give our/my permission to _____ (name of responsible adult) for the necessary medical treatment to be given to our/my child. We/I for ourselves/myself and for our/my child, our/my respective heirs, and our/my respective legal representatives, so hereby indemnify and hold harmless any representative of above identified Parish/School and the above named supervising adult from parish/school from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I/We agree that in case of injury to our/my child, we will apply our/my hospitalization and/or accident insurance toward the payment of the expenses incurred. I/We, hereby release and save harmless Young People Who Care, and above named Parish/School, their agents, successors, legal representatives and any and all of its employees from any and all liability for any and all damages or personal injuries arising to my/our son/daughter as a result of his/her participation in the above mentioned YPWC Service Program, except for damages and/or personal injuries caused by or arising out of the intentional or willful misconduct of Young People Who Care, Inc or above named Parish/School, its agents, servants or employees.

Code of Behavior: Participation in this YPWC Service Program is a privilege and not a right. Each youth and adult must attend all scheduled activities. The behavior of all (youth and adults) must reflect Christian values. The sponsoring adult must stay at the entire event and is responsible for the youth of his/her parish/school. Each parish/school, through the sponsoring adult, will take full responsibility for any damage done by their group. The Staff reserve the right to ask any participant to leave at the participant's own expense. I/We have read and agree to uphold the above "Code of Behavior". _____ Initials

Photo Release: The undersigned also agrees to authorize YPWC Service Program to photograph, videotape and/or interview the named youth and agree that they may use or permit other persons to use the negatives, prints, video or interview prepared for such purposes and in such manner as may be deemed appropriate and necessary. X this box if you do not agree to have your child photographed, interviewed or videotaped. I understand that if, for whatever reason, at any point in time, I decide to revoke this authorization, and I so notify YPWC Service Program in writing, references to the named youth (including images or interview) will no longer be used. Any website references will be removed within thirty (30) days of written notification. I further understand, however, that references to the named youth may continue to be used in any publication already printed or published prior to my revocation of the authorization provided herein.

PRINT Parent or Legal Guardian NAME

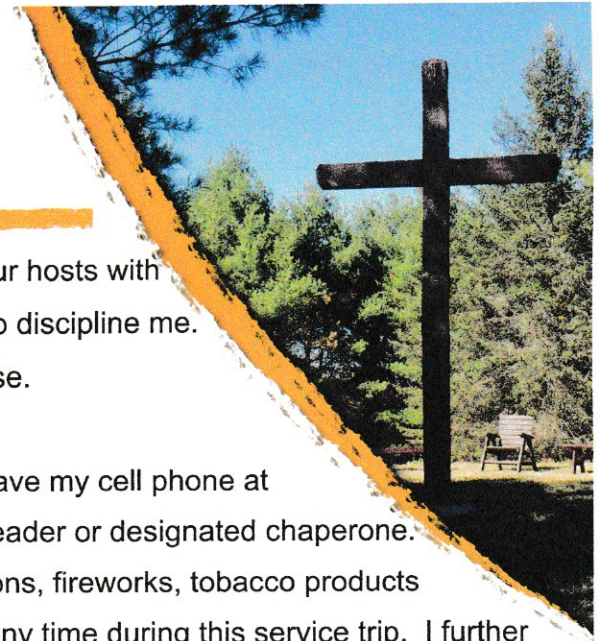
Parent or Legal Guardian SIGNATURE

Guardian(s) Phone Number(s)

Date



TEEN CODE OF CONDUCT



1. I agree to treat other participants, leaders, staff, residents, and our hosts with respect and understand that all adult leaders have the authority to discipline me.
2. I will not leave my sleeping area after "lights out," or before sunrise.
3. I will always follow the schedule and guidelines given to me.
4. I understand YPWC has a no cell phone policy, and I agree to leave my cell phone at home or turn it in upon Arrival to be under the care of my group leader or designated chaperone.
5. I understand that alcohol, illegal drugs, vaping, marijuana, weapons, fireworks, tobacco products of any kind, are profane or abusive language are not allowed at any time during this service trip. I further understand that all prescription drugs must be dispensed by my adult leader.
6. I understand that I represent YPWC and agree to behave in a Christian and positive manner at all times. I further agree to dress appropriately during this activity. (refer to packing list)
7. Public display of affection (PDA's) and sexual indiscretion (including inappropriate touching) is prohibited at all times and in all cases.
8. In the event of an emergency or other need to contact any participants, the staff must know where I am at all times.
9. I realize that my parents and I will be financially responsible for any damage I do to property, facilities, or vehicles.
10. I understand that if I choose to violate any part of this Code of Conduct, I run the risk of having my parents notified by phone, and that I may be sent home on the first available flight or bus, at my parent's expense. (This determination is in consultation with YPWC Director, group leader and parents.)

Teen Printed Name

Parent or Legal Guardian Printed Name

Teen Signature

Parent or Legal Guardian Printed Name

Date

Date

