

Dubuque Area Youth Ministry Spring Break Details

Date: Monday, March 16 through Wednesday, March 18, 2020

Who: All current 6-12 graders

Time: 7:45 am—3:00 pm

Location: Pick-up and drop off will be at St. Anthony's Parish.

Cost: \$50.00/person

What to bring: Sack lunch (Monday and Tuesday only), water bottle, comfortable shoes, and cloths you don't mind getting a little dirty.

Our days will start with mass at St. Anthony's each morning before we dismiss to our service sites. Middle school students and high school students will go to separate service sites but begin and end the day together. We will end our spring break with a social at St. Anthony's O'Malley Hall on Wednesday afternoon.

**Registration fee covers breakfast everyday, lunch on Wednesday, and a Dubuque Area Youth Ministry Spring Break T-Shirt.
The Registration Deadline is March 6th.**

**Volunteer drivers/chaperones, 21 years and older, are needed for this event. If interested/available, please contact your parish youth minister for details.*

**Please detach and return the form to the right and submit the registration fee to your parish youth ministry coordinator listed below.
Please make checks payable to your parish.**

**If your parish is not listed, all high school youth are welcome to join us!
Any youth ministry leader will accept your permission form/fee.**

Dubuque Area Youth Ministry Contacts:

Cathedral /St. Patrick

Brian O'Donnell 582-7646

St. Anthony

Marcy McElroy 582-0377

St. Joseph Key West

Chris Grow 582-2866

Holy Spirit Parish

Mark Bodensteiner 583-1709

Resurrection

Callie Owens 556-7511

St. Joseph the Worker

Lizz Parsons 588-1433

Annual Consent Form & Liability Wavier For Event:

2020 Dubuque Area Youth Ministry Spring Break!

This is the only permission slip that will be accepted for this Event

Section 1 - Contact Information:

Student Name: _____ **Student Cell #:** _____

Birthdate: _____ Circle Gender: Female Male Parish: _____

Student T-Shirt Size _____ Parent/Guardian's Name: _____

Home Address: _____

Home Phone#: _____ Cell Phone#: _____

Parent/Guardian Email: _____

Section 2 - Off-site/Field Trip Consent Form and Liability Waiver

I, _____, (Parent or Guardian's Name) grant permission for my child, _____ (Name of Child) to participate in school/parish events this year that may require transportation to a location away from the school/parish site. The activities will take place under the guidance and direction of parish employees and/or volunteers of *Dubuque Area Catholic Parishes*. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("Participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend, its officers, directors of *Dubuque Area Catholic Parishes* and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the events, arising from or in connection with my child attending the events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the events for reasonable attorney's fees and expenses which they may incur in any action I/we may bring against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Archdiocese of Dubuque.

Signature: _____ **Date:** _____

Section 3 - Specific 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.

Item A - Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Emergency Contact Name & Relationship: _____

Home Phone: _____ **Cell Phone:** _____

Family Doctor: _____ **Phone#:** _____

Family Health Plan Carrier: _____ **Policy #:** _____

Item B - Other Medical Treatment: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as vomiting, sore throat, fever, diarrhea, I want to be notified. Circle: **Yes No**

If Yes, Please call: _____

On-site Nonprescription Medication Permission - I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child in the event a condition arises after my child is already in attendance at the on site program. **Yes** **No** See policy #5141 #10 listed below.

Item C - Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence. Check/explain all that are applicable to this student/participant.

- Allergic reactions (medications, foods, plants, insects, etc.): _____
- Utilizes asthma or airway constricting prescription medication (if yes, additional form needed)
- Has a medically prescribed diet? _____
- Any physical limitations? _____
- You should be aware of these special medical conditions of my child: _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Off-site/Field Trip Permission Form

Section 1 - By signing this section, I (parent/guardian) certify that I request and give my permission for _____ (name of student) to attend **Dubuque Area Youth Ministry**

Spring Break March 16-18, 2020.

Parent/Guardian Signature: _____ Date: _____

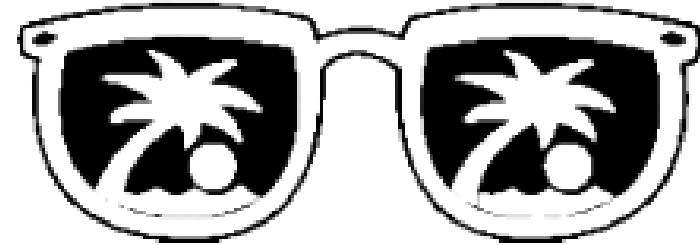
Would you be able to serve as a volunteer driver/chaperone? _____ Yes* I will be able to drive and accommodate ___ students (a seat belt is required for each student and no child is to be seated in the front seat of a car equipped with a passenger side airbag, unless old enough according to manufacturer's recommended age.) *Drivers will be notified after all slips are returned.

Supervisor's Signature _____

(Coordinator/Director of RE, Youth Coordinator/Director)

Administration of Medication - Archdiocesan Board of Education Policy 5141, items 9-10.

9. Dispensing of prescription medication
2. For all other youth programs - Dispensing of prescription medication will be self-administered by the child if a written consent of parent(s)/guardian(s) accompanies the prescription medication and the following terms are followed. The prescription medication is provided in the original labeled container containing the physician's name, name of the medication, and dosage/frequency to be given; the prescription medication is turned into the event supervisor who will hold all medication until the child/youth requests the medication for self-administration, the prescription medication is self-administered in the presence of the adult supervisor and for only the dosage stated on the prescription label.
3. *Students utilizing asthma or airway constricting prescription medication are allowed to administer their own dosage provided a completed consent form is attached to this form.*
4. Contraceptives will not be dispensed. Iowa Code §280.16
10. Dispensing of nonprescription medication may occur, provided the parent/guardian have signed and dated an authorization identifying medication, dosage, and time interval to be administered. Nonprescription medications can be provided on off-site field trips if the parent/guardian signs a non-prescription medication authorization for each off-site field trip.



Dubuque Area Youth Ministry Spring Break!

March 16-18, 2020

Join us for 3 days of fun, faith, and service!

**Event open to all
Current 6-12 graders**

