

Item B - Other Medical Treatment: In the event it comes to the attention of the parish, 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. 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

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
- Has a medically prescribed diet? _____
- Any physical limitations? _____
- You should be aware of these special medical conditions of my child: _____

Would you be able to volunteer to drive?

_____ **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.

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.

Parent/Guardian Signature: _____ **Date:** _____

Please return this permission slip by: Before Monday April 26(Final Deadline), **to your parish YM**

PLEASE COMPLETE BOTH SIDES OF THIS FORM!

COVID-19 Response

We will wear masks at all times while awake unless eating or drinking. We will provide hand sanitizer in various locations and encourage frequent hand washing. We will maintain social distancing at all times. As leaders, we will self screen prior to the event by checking for symptoms and taking our temperature. We ask that families self screen before sending their teens. We believe that taking these precautions will help make this event as safe as possible.



The wilderness: a high school camping retreat

High School Students!

Join us for a some outdoor fun

April 30-May 1, 2021

Spend 3 days and 2 nights camping at New Wine Park ending in Mass at the Basilica of St. Xavier.

Parent chaperones and drivers needed!

ABOUT THE WILDERNESS

Friday, April 30—5:00pm depart from Resurrection Church for New Wine Park

Saturday, May 1st— Retreat at New Wine Park

Sunday, May 2nd— Retreat at New Wine Park, Mass at the Basilica of St. Xavier, return to Resurrection Parking Lot

Cost: \$30

- Cost includes: supplies, transportation, and food

To join in the fun, detach and return the form to the right by April 26th to your youth ministry leader!



Complete both sides of the form, detach, and **return with the fee** (checks payable to the parish) to the youth ministry coordinator listed below from your parish. If your parish is not listed, you are welcome to join us. Anyone listed below will accept your permission form.

St. Anthony - Marcy McElroy 582-0377

Resurrection - Callie Owens 556-7511

Holy Spirit/Cathedral/St. Pat's - Jan Thyne 582-7646

St. Joseph Key West - Parish Office 582-7392

St. Joseph the Worker / St. Columbkille- Mark Bodenstener 588-1433

Nativity— Parish Office 582-1839

Consent Form & Liability Wavier For Event: "The Wilderness" Grades 9-12th

Introduction:

The Dubuque Area Youth Ministry is hosting The Wilderness for 9th– 12th grade teens. This is an opportunity to grow relationship to God and creation. We will meet at Resurrection Friday, April 30 at 5:00 PM at Church of the Resurrection and adult chaperones will be needed throughout the weekend as well as drivers on Friday and Sunday. Mark Bodenstener, Callie Owens and Marcy McElroy are the program directors.

Section 1 - Contact Information:

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

Birthdate: _____ **Gender:** Female Male **Parish:** _____

Parent/Guardian's Name: _____ **E-mail:** _____

Home Address: _____

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

Section 2 - Consent and Liability Waiver

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

permission for my child named above to participate in parish events this year that may require transportation to a location away from the 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 student.

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 or the Archdiocese of Dubuque.

Signature: _____ **Date:** _____

Section 3 - Specific Medical Matters:

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 #:** _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM!