

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: **Monday, July 31st (final deadline) to your parish YM**

PLEASE COMPLETE BOTH SIDES OF THIS FORM!

COVID-19 Response

We will wear masks while in transit to Lost Island Waterpark. We will provide hand sanitizer in our vehicles and at the waterpark. We will maintain social distancing at the service site and waterpark. As leaders, we will self screen the morning of 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.



Middle School Students!

Join us for some summer fun

June 15-16, 2021

Spend a day
doing service work in Dubuque
and the next day at



Water Park in Waterloo!

Parent chaperones and drivers needed!

ABOUT SERVE AND SLIDE

Tuesday, June 15: Service Site Mines of Spain

- Drop off will be at 9:00 am at the E.B. Lyons Center at the Mines of Spain and we will spend the day maintaining trails

Wednesday, June 16: Lost Island Water Park in Waterloo

- drop off at 9:00 am at the Resurrection lower parking lot. Parent volunteers will drive to Lost Island. Pick up at Resurrection at 8:00 pm

Cost: \$40/person

- includes transportation and water park fee

To join in the fun, detach and return the form on the right by **June 7, 2020!**

For Lost Island Waterpark on Wednesday:

Wear:

- comfortable clothing
- water shoes - cement is hot!
- Modest swimwear**
 - one-piece or tankini preferred for girls

Bring:

- a towel
- money for lunch and dinner
- sunscreen t-shirt to use as a cover up - there is little shade

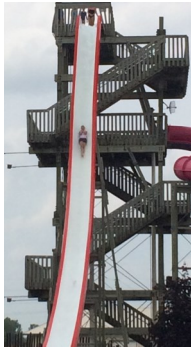
For Mines of Spain on Tuesday:

Wear:

- comfortable clothing for working

Bring:

- water bottle
- Lunch



Consent Form & Liability Wavier For Event: "Serve and Slide"

Introduction:

The Dubuque Area Youth Ministry is hosting the Serve & Slide for 6-8th grade teens. This is an opportunity to serve our greater Dubuque community, building an awareness of what it means to be Catholic as well as building community. We will meet at the service site on Tuesday, June 15 and adult volunteers will drive teens to and from Lost Island in Waterloo on Wednesday, June 16. 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!

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.

Holy Spirit Parish/ Cathedral/St. Pat's - Jan Thyne 583-1709

Resurrection - Callie Owens 556-7511

St. Anthony - Marcy McElroy 582-0377

St. Joseph Key West - Parish Office 582-7392

St. Joseph the Worker - Mark Bodensteiner 588-1433

Nativity- Parish Office 582-1836