

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 YML**

PLEASE COMPLETE BOTH SIDES OF THIS FORM!

COVID-19 Response

We will do our service project outdoors or indoors socially distanced. 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.



High School Students!

Join us for some summer fun

July 28 & 29, 2020

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, July 28th: Church of the Resurrection

- Drop off at 8:00am. We will make a video of telling jokes for the BVMs sisters to enjoy while sheltering in place and have a card party to make cards for the sisters. This will take place outdoors, if weather allows, or socially distanced indoors.

Wednesday, July 29th: Lost Island Water Park in Waterloo

- drop off at 8:00 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 **July 27, 2020!**



For Catholic on Tuesday:

Wear:

- comfortable clothing for working

Bring:

- water bottle

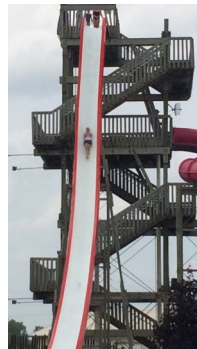
For Lost Island Waterpark on Wednesday:

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



Complete both sides of the form, detach, and **return with the fee** (checks payable to the parish) to the youth ministry leader 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 - Nicole Baumgartner 583-1709
 Resurrection - Callie Owens 556-7511
 St. Anthony - Marcy McElroy 582-0377
 Cathedral/St. Pat's - Brian O'Donnell 583-9117
 St. Joseph Key West - Chris Grow 582-2866
 St. Joseph the Worker - Ann Sirianni 588-1433
 Nativity - Amanda Benner 582-1839
 St. Columbkille - Jessica Rauen 583-9117

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

Introduction:

The Dubuque Area Youth Ministry is hosting the Serve & Slide for 9th- 12th 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 Resurrection Church on Tuesday, July 28th for service project and parish youth ministry leaders and adult volunteers will drive teens to and from Lost Island in Waterloo on Wednesday, July 29th. 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!