



## PARENT/GUARDIAN PERMISSION SLIP FOR CONFIRMATION RETREAT

NAME OF STUDENT:	
NAME OF PARENT/GUARDIAN:	PHONE:
NAME OF PARENT/GUARDIAN:	PHONE:

### RETREAT INFORMATION

PARISH/SCHOOL: <b>St. Leonard Catholic Church</b>	RETREAT DATES: <b>JANUARY 9, 2021</b> <b>OR</b> (Circle one date) <b>JANUARY 16, 2021</b>
DESIGNATED TEACHER/SUPERVISOR: <b>Bethanne Maus-Schaefer</b>	PHONE: <b>262-679-0880</b>
DESTINATION: <b>St. Leonard Catholic Church</b>	
ACTIVITIES: (A SEPARATE DETAILED ITINERARY AND PARENT CONSENT MUST BE PROVIDED FOR HIGH RISK ACTIVITIES.) <b>Daylong Retreat at St. Leonard</b>	
MODE OF TRANSPORTATION TO AND FROM EVENT: <b>N/A</b>	
START TIME: <b>Arrive by 8:45 am to register</b>	END TIME: <b>6:00 pm</b>
STUDENT COST (IF APPLICABLE): <b>\$60.00</b>	RETURN FORM BY: <b>December 1, 2020</b>
ITEMS STUDENTS SHOULD BRING (IF ANY): <b>N/A</b>	

### Parent Consent to Participate and Indemnity Agreement:

In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity describe above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity of this agreement that I may have had.

I have read the information above and give consent for my child/ward to participate I all aspects of this field trip:

PARENT/GUARDIAN SIGNATURE:	DATE:
<input type="checkbox"/> YES, I AM AVAILABLE TO CHAPERONE. I CAN BE REACHED AT:	

**PAGE TWO: CONFIRMATION RETREAT MEDICAL RELEASE:**

**Emergency Medical Treatment:** In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

If you are unable to reach a parent/guardian at the above numbers, contact:

ALTERNATE CONTACT NAME:		PHONE:
PHYSICIAN'S NAME:		PHONE:
NAME OF MEDICAL INSURANCE:	POLICY #:	
PERTINENT MEDICAL CONDITIONS, INCLUDING ALLERGIES AND SPECIAL DIETARY NEEDS:		

**Other Medical Treatment:** In the event that the child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, do you grant permission for supervisors to give your child non-prescription medication such as acetaminophen, throat lozenges, cough syrup, or antacid?

☐ Yes ☐ No, I wish to be contacted first.

**Medications:** List all medications, prescription and over-the-counter, that the student currently takes at home and during the school day. Include all as-needed and emergency medications. Medications not authorized for self-carry must be in original container and given to the designated supervisor.

MEDICATION:	DOSAGE:	ROUTE: HOW GIVEN	FREQUENCY:	START DATE:	STOP DATE:	SIDE EFFECTS:
1.						
2.						
3.						

**MEDICAL PROVIDER CONSENT: REQUIRED FOR PRESCRIPTION MEDICATIONS LISTED ABOVE.**

<b>I Authorize the School/Parish to Give the Above Prescription Medication(s) to this Student:</b>	
PRINT MEDICAL PROVIDER NAME:	PHONE:
MEDICAL PROVIDER SIGNATURE:	DATE:
<b>Inhaler and Epi-Pen Only:</b> This student and his/her parents have been instructed in self-administration and the student may carry an inhaler or Epi-Pen and self-administer. Yes <input type="checkbox"/> No <input type="checkbox"/>	

**PARENT CONSENT FOR MEDICAL TREATMENT AND ADMINISTRATION OF MEDICATION:**

<b>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. I give the school/parish permission for emergency and other medical treatment, including the administration of the above prescription and non-prescription medications(s).</b>	
PARENT/GUARDIAN SIGNATURE:	DATE:
<b>Inhaler and Epi-Pen Only:</b> My child may <input type="checkbox"/> or may <b>not</b> <input type="checkbox"/> carry and self-administer.	