

Church of St. Andrew 2018 Totus Tuus Program

Grades 1-6: Monday– Friday, June 25-29 from 9:00 AM to 2:30 PM
Grade 7-12: Sunday-Thursday, June 24-28 from 7:00 PM to 9:00 PM
 (based on 2018-2019 school year grade)



Totus Tuus

- Fee is \$30 per child and is due with registration. Family fee cap is \$90.
- Please submit registration forms by Monday, June 8, in the Parish Office.
- Registration will remain open until we reach 90 students or until the first day of the event.
- Grade 1-6 students will bring their own peanut-free snacks and lunch.
- T-shirts are included. Indicate size below. (Y=youth, A=adult: YXS, YS, YM, YL, AS, AM, AL, AXL, AXXL)

Student Information	Child	Child	Child	Child	Child
First Name					
Last Name					
Birth Date					
2018/2019 Grade					
T-Shirt Size					

Parent/Guardian Information and Consent

<p>Mother</p> <p>First/Last Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone # _____</p> <p>Work # _____</p> <p>Email Address _____</p>	<p>Father</p> <p>First/Last Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone # _____</p> <p>Work # _____</p> <p>Email Address _____</p>
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I, _____ grant permission for my child(ren) listed above to participate in St. Andrew’s
 (Parent or guardian’s name)
 Totus Tuus. These activities will take place under the guidance and direction of parish employees and/or volunteers from the Church of St. Andrew and the Diocese of St. Cloud. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor(s) (“participant(s)”). I agree on behalf of myself, my child(ren) named herein, or our heirs, successors, and assigns, to hold harmless and defend the Church of St. Andrew, its officers, directors, employees and agents, and the Diocese of Saint Cloud, its employees and agents, chaperones, or representatives associated with these classes, from any claim arising from or in connection with my child(ren) attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Saint Cloud, its employees and agents and chaperones, or representative associated with these classes for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Church of St. Andrew and the Diocese of St. Cloud.

Signature: _____ Date: _____

Photos will be taken during Totus Tuus for promotional purposes. By signing this document you are giving permission for your child(ren)’s photos be used for promotional purposes. If you do not want photos of your child(ren) to be used, please contact the Saint Andrew Parish Business Administrator with a written statement.

Tacklebox Childcare is available before and after Totus Tuus. To inquire, please email Laure Hipsag at lhipsag@saint-andrew.net.

Please see back page and fill out a separate “Medical Information/Liability Waiver” for each child.

Church of St. Andrew
2018 Totus Tuus Program
Medical Information/Liability Waiver

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. (Of the following statements pertaining to medical matters, sign only those that are applicable).

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:

Name & relationship: _____
Phone: _____ Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the Church of St. Andrew, its officers, directors and agents, and/or the Diocese of Saint Cloud, its chaperones, or representatives associated with the activity, that my child becomes ill, with symptoms, such as a headache, vomiting, sore throat, fever, diarrhea, I want to be called, collect if necessary.

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products, such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last Tetanus and Diphtheria: _____

Does child have a medically prescribed diet? _____

Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has your child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? _____

You should be aware of these special medical conditions of my child: _____