

The Church of Saint Henry
Year 2 Confirmation Retreat
Friday, November 15th-Sunday, November 17th 2019

PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Youth Participant Name: _____

Date of Birth: ___/___/___ Grade: 9th / 10th / 11th / 12th School: _____

Parent/Guardian Name: _____

Would you be interested to serve as an adult chaperone at the Confirmation Retreat? Yes / No

Home Address: _____

Parent E-mail Address: _____

Parent Primary Phone: _____ Parent Secondary Phone: _____

Date of Event: **November 15th-17th, 2019 (4pm on Fri,**

Type of Field Trip: **Confirmation Retreat**

Drop-off/Pick-up Location: **The Church of Saint Henry (1001 E 7th Street, Monticello, MN 55362)**

Drop-off Time: **4pm on Friday** Pick-up Time: **2pm on Sunday**

Destination: **Big Sandy Camp, 52511 185th Place, McGregor 55760**

Mode of Transportation To & From Big Sandy Camp: **Bus**

Individual in Charge: **Jenna Leighton (Director of Youth Formation and Ministry)**

I, _____, grant permission for _____
Parent/Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of Saint Henry, the Archdiocese of Saint Paul & Minneapolis, and Big Sandy Camp from any claims or law suits brought against the Church of Saint Henry, the Archdiocese of Saint Paul & Minneapolis, and Big Sandy Camp by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the Church of Saint Henry, the Archdiocese of Saint Paul & Minneapolis, and Big Sandy Camp in defense of such a claim/suit. Should photos or video be taken, I give my permission for the use of my child's image and /or likeness in any promotional or other marketing activities relating to the youth ministry programs of the Church of Saint Henry and Big Sandy Camp.

USE OF IMAGE: I grant permission to the Church of Saint Henry and Archdiocese of Saint Paul and Minneapolis to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child, or for any other lawful purpose whatsoever, including photographic portraits, pictures, reproductions, made through any medium, including electronic media, and the undersigned parent/guardian does hereby release and the Archdiocese of Saint Paul and Minneapolis or anyone authorized by the Archdiocese of Saint Paul and Minneapolis with such use. This authorization and consent permits such use to associate my child's name with the likeness for such purposes provided such use is consistent with the acceptable use policy for electronic communications and other policies.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

_____ at _____
Emergency Contact Name Emergency Contact Phone Number

MEDICAL INFORMATION:

Family Health Plan carrier number: _____

Family Doctor: _____ Phone Number: _____

Continue on reverse side...

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...

Medical Treatment: In the event it comes to the attention of the Church of Saint Henry its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, **I want to be called.**

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 indicated on attached **Prescription Drug and Medicine Authorization Form.**

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** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The Church of Saint Henry will take reasonable care to see that the following information will be held in confidence.

Medication my child is taking at present (Please fill out a corresponding "PRESCRIPTION DRUG AND MEDICINE AUTHORIZATION" form): _____

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

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have dietary restrictions? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

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

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Parent/Guardian Signature

Date

The Church of Saint Henry
PRESCRIPTION DRUG AND MEDICINE AUTHORIZATION

Use this form only if medication is to be given during the event. The following information must be completed before medicine is given.

Youth Participant Name: _____

Name of Prescription/Medicine: _____

Prescribing Doctor: _____

Amount of Dosage: _____

Times to be Given: _____

Duration of Prescription: _____

I, _____, hereby authorize Saint Henry chaperones to dispense
Parent/Guardian Name
medicine to _____ **as directed above.**
Youth Participant Name

Parent/Guardian Signature

Date

