

Cedar Rapids Quest Retreat Off-site/Field Trip Permission Form

Quest Retreat for 9th and 10th grade students in the Cedar Rapids Area

Sponsored by the Cedar Rapids Area Youth Ministers

January 20-21, 2018 held at LaSalle Middle School

Cost of the Event: \$35

Student Name: _____ Grade: _____

Address: _____

Male Female Parish: _____ School: _____

Email: _____ Cell Phone Number: _____

Section 1– By signing this section, I (parent/guardian) certify that I request and give my permission for _____ (student/participant) to attend this event. Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

Parent/Guardian Signature: _____ Date: _____

Contact phone number(s): _____

Section 2– Nonprescription Medication Permission– By signing this section, I hereby grant permission for nonprescription medication (i.e. ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature: _____ Date: _____

Section 3– Please list any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

Detach Here

Please return this permission slip by **Friday, January 12th, 2018**

Quest Retreat January 20-21, 2018.

Please arrive at LaSalle Middle School at 1pm on Saturday Jan. 20th. Pick up is at 3pm on Sunday Jan 21st.

Checks payable to **Archdiocesan Deposit and Loan**

Submit to: Emily Gignac

Refer to your youth minister with any questions.

St. Matthew Catholic Parish

2310 1st Ave NE, Cedar Rapids IA, 52402

Please fill out the *Annual Parental/Guardian Consent Form and Liability Waiver* if you have not done so.