**Permission and Registration**

**St John Bosco Local Mission Work Week: August 23 – 27, 2021**

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: Age \_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Fall 2021: \_\_\_\_\_\_\_\_\_ Sex:

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_

Parishioner of St John Bosco **Y/N** Parent’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: Cell Phone: \_\_\_\_\_\_ (Text? Y/N)

**Summary of Event**

**Dates:** Mon, 8/23 – Fri, 8/27 **Times:** 7:30am – 4:30pm **Place:** St Mary Church and surrounding locations

Students will meet at church each morning for breakfast, prayer, and planning. They will participate in service projects at the church and be transported to projects within a 30-mile radius of the church. Teens 16+ will be building with Habitat for Humanity Tuesday – Thursday. Drivers will be Mission Week leaders/chaperones. Students will be dismissed from the church at 4:30pm.

**Days Attending (circle all that apply – min two): Monday Tuesday Wednesday Thursday Friday**

**Cost:** $50 Deposit plus possible transportation cost.

* Financial Assistance Requested
* I would like to donate the cost for another teen to participate if needed

**Medical Waiver (**Please initial boxes below**)**

* 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.
* My child will not attend if any symptoms of fever, cold, or loss of taste/smell.
* My child agrees to wear a mask at all times during the week if not fully vaccinated.
* My child is/will be fully vaccinated by Aug 23.

**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 understand that reasonable efforts will be made to contact me or the emergency contact person. If I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary and am responsible for all costs of such care.

Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Doctor: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Health Plan Carrier: Policy #: \_\_\_\_\_\_\_\_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date:

**Medications:** If your child will need medication (**or EpiPen**) during the daytime hours, note the name and dosage below. Medications need to be well labeled and will be held by chaperones. It is ultimately the responsibility of your child to be sure their medications are taken at the right time and dosage.

Name of Medicine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage and Directions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission and preference for administering non-prescription medicine if needed: **Tylenol, Motrin, Aspirin, Acetaminophen, Nyquil cough medicine, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (circle preference). I’d prefer to be contacted in order to administer the above non-prescription meds **Yes/No** (circle)

**Additional Information**

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

A medically prescribed diet or special considerations?

Any physical limitations or issues? (Past injuries, disabilities, skin conditions, etc)

Any emotional/psychological condition/issues we should be aware of? (Fear of heights, anxiety, hyperactivity?)

Experience with/comfort using/doing or preference:

* Crafts and arts
* Athletic games/activities
* Child or elderly care
* Cooking and serving food
* Using power tools
* Using hand tools, doing light carpentry
* Painting, gardening, clean-up
* Construction project involving heights

**PARENTAL/GUARDIAN CONSENT**

I have reviewed the information provided, dates, tentative schedule for the week, and activities involved.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or guardian’s name Child’s name

to participate in the above event/activity as described.

Signature: Date:

* Yes, I’m interested in volunteering to chaperone during day or help with meals/set-up in am/pm.
* No, my schedule doesn’t allow me to help during this time
* Please contact me about donating supplies and/or food for meals, snacks, etc.