



Totus Tuus 2023

June 25-30

To register, please fill out the liability form found on the back.

Due to the amazing generosity of our parishioners, Totus Tuus is **FREE this year.**

Please return to Jasmin Tone at the St. Joseph Parish Office or to Maureen Schrader at Sts. Philip & James by June 19th to help with the planning of meals.

Questions? Contact Jasmin at 563-659-3514 ext. 4 or sjyouth@gmtel.net

Totus Tuus is a week-long summer program (similar to a VBS), where a team of college students trained and hired by the Diocese teach our children about their faith in fun and engaging ways. This year's focus is The Mystery of Salvation and the Sorrowful Mysteries of the Rosary.

The day program for those entering 1st-6th grade runs Mon-Fri 9am-3pm. It includes Daily Mass and a water fight to end the week. Lunch will also be provided.

The evening program for those entering 7th-12th grade runs Sun-Thurs 6:30pm-8:45pm. This includes an opportunity to attend Adoration and a night of fun and games on Thursday. Dinner will also be provided.

Health and Medical Information Form

Date _____
Totus Tuus June 25-30, 2023

Name _____ Birth date _____
Parent or Guardian _____ Grade for '23-'24 _____
Address _____ City _____ Zip _____ Home Phone _____

Email address: _____ Work Phone _____
In case of emergency, please notify:

1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____

Insurance Information

Insurance Company _____
Policyholder _____ Policy number _____

Health Information

Please circle illnesses, allergies or medication reactions you have experienced and give dates

Ear infections	mumps	hay fever	rheumatic fever	insect bites
Chicken pox	measles	poison ivy	diabetes	asthma
Behavioral problems	Penicillin	convulsions		

Immunizations

DPT Series Booster Tetanus Booster Polio OPV Booster TB Test

Operations or serious injuries:

Chronic or recurring illness:

Any activity restrictions:

Medications: List directions:

My child may be given if needed (circle approved) ASPIRIN TYLENOL IBRUPROFEN

Dietary Restrictions:

Acknowledgement Statement

I submit that this health history is accurate and correct as far as I know, and the person described has permission to engage in all planned activities, except as noted by me, or an examining physician. In the event of an emergency, I hereby give permission to the physician selected by the youth director to secure proper and adequate treatment including hospitalization, injection, anesthesia or surgery, for myself, if majority age, or the child listed, if a minor. I accept responsibility for all medical/surgical treatment charges, which may be incurred. I hereby release Saint Joseph Parish, DeWitt, Iowa, Diocese of Davenport, Davenport, Iowa, and all adult supervision from any and all claims arising out of or from any accident or other occurrence causing injury to any person or property during this activity. If my child's photograph is taken it may be used for promotional purposes.

Signature of Parent or Guardian _____ Date _____