



The Church of St Anne
 2012 Vital Signs Discipleship
 Confirmation Retreat



Friday, February 17th (4:30 PM) Through Sunday, February 19th, (2:00 PM) 2012

Spencer Lake Christian Center, Waupaca, WI

This form is Due: No later than Sunday, October 23rd, 2011



As a parent/guardian of a youth participating in this event, I am willing to assist with this year's Confirmation Retreat in the following way(s):

- | | |
|--|---|
| <input type="checkbox"/> Adult group leader/chaperone | <input type="checkbox"/> Food/snack maker or organizer |
| <input type="checkbox"/> Prayer leader during the retreat | <input type="checkbox"/> Material sorter (making copies, collating reflection materials etc.) |
| <input type="checkbox"/> Evening activities/games coordinator | <input type="checkbox"/> Other (John will contact you) |
| <input type="checkbox"/> Adult phone caller/phone tree organizer | |

Individual Youth Contact Information (One form per person ONLY!!)

Youth's Last Name: _____ Youth's First Name: _____

Date of Birth: _____ Age: _____ Male _____ Female _____ Graduation Year: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ (H) E-mail Address: _____

My son/daughter **will** participate in this retreat weekend

This retreat weekend **does not** work with my son's/daughter's schedule for the following reasons...

...Please Contact me to arrange other retreat options

Mother's name: _____ Phone: _____ (H) _____ (W) _____ (C)

Father's name: _____ Phone: _____ (H) _____ (W) _____ (C)

Please Complete the Permission Form, Code of Conduct and Medical Information on the Following Pages

Church of St. Anne/Diocese of La Crosse Child Comprehensive Medical Release & Permission Form

Be sure to fill out this form COMPLETELY

Parental/Guardian Consent and Liability for Minors

I, _____, grant permission for my child, _____
Parent or guardian's name Child's name

to participate in this diocesan/parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of diocesan/parish employees and/or volunteers from The Church of St. Anne.

A brief description of the activity follows:

Type of activity: **Vital Signs Confirmation Retreat** _____

Individual in Charge: **John Schmitt, Coordinator of Youth Ministry** _____

Date(s) of event: **February 17-19, 2012** _____

Estimated time of departure and return: **Depart: 4:30 PM, Friday February 17th**

Return: Approx. 2:00 PM, Sunday, February 19th

Mode of transportation to and from activity: **School Bus** _____

Individual Cost: **\$90.00** _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend The Church of St. Anne, its officers, directors, employees and agents, and the Diocese of La
Name of Parish

Crosse, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of La Crosse, its employees and agents and chaperones, or representative associated with the event 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 parish/diocese.

Initials of Parent Guardian: _____ Date: _____

Emergency Contact Information

Emergency Contact: _____ Relationship: _____

Phone: _____ (H) _____ (W) _____ (C)

Physician: _____ Clinic/Hospital: _____ Office Phone: _____

Medical Insurance Company: _____ Policy #: _____

Code of Conduct

We expect each participant to conform to these rules of conduct:

- No possession or use of alcohol, drugs, tobacco, or pornography.
- No fighting, weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing.
- No student may drive.
- No males in female sleeping quarters, and no females in male sleeping quarters.
- Participation with the group is expected.
- Respect property.
- Respect one another, staff, and leaders.
- Respect and comply with event schedules and with any other specific event rules established by leaders.
- **Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Initials of Student: _____ Date: _____

Initials of Parent Guardian: _____ Date: _____

Permission to Use Participant Photos

You have my permission to use said participant's photos for commercial purposes (ex: advertising this event in flyers, on the web, etc.).

Initials of Student: _____ Date: _____

Initials of Parent Guardian: _____ Date: _____

Medical Treatment

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 at my expense. I wish to be advised prior to any further treatment by the hospital or doctor. In the event that you are unable to reach me, such treatment may be administered if deemed necessary. In the event of an emergency, if you are unable to reach me at the numbers given above, please contact the emergency contact listed above.

Initials of Parent Guardian: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of La Crosse, 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 collect (with phone charges reversed to myself).

Initials of Parent Guardian: _____ 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: _____

Initials of Parent Guardian: _____ Date: _____

Medication Options

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.

Initials of Parent Guardian: _____

Date: _____

OR

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

Initials of Parent Guardian: _____

Date: _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which the participant is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken. The parish/Diocese of La Crosse will take reasonable care to see that the following information will be held in confidence. Some activities may be physically strenuous (especially mission trips and camps). If you desire to limit a participant's participation in any way, please submit your wishes in writing prior to the trip.

1. Is the participant in good health and able to participate in normal activities? ___ Yes ___ No

If not, please submit a statement indicating limitations and/or restrictions.

2. Please give the date of the participant's most recent physical examination: _____

3. Immunization History (Please give dates)

Date of last Tetanus Shot: _____ *Please fill in below only for foreign mission trips:*

DPT _____ DPT Booster _____ Polio Booster _____ Polio Series _____

Other, if any necessary, for specific trip: _____

*Note: You are responsible for consulting your doctor about immunizations necessary for foreign missions.

4. Allergies

Pollens ___ Medications ___ Food ___ Insect bites ___

Please note specifics: _____

5. Has the participant ever suffered from or been treated for any of the following:

Asthma _____ Epilepsy/seizure disorder _____ Heart trouble _____

Diabetes _____ Frequently upset stomach _____ Physical handicap _____

Depression _____ Emotional/Mental Disorder _____ Other _____

6. Operations, serious injuries, or major illnesses in the past year: _____

Dates: _____

7. Is the participant subject to chronic homesickness, emotional reactions to new situations (sleepwalking, bedwetting, fainting)? _____

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

9. Does the participant have a medically prescribed diet? ___ Yes ___ No

10. The participant is a ___ swimmer ___ non-swimmer

Statement of Truth and Accuracy

I hereby certify that all of these statements are true and accurate to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____