

PARENTAL CONSENT AND EMERGENCY PERMISSION FORM
Catholic Heart Work Camp – June 19 – June 26, 2010

I/We, the parent(s)/guardian(s) of _____ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate in the Catholic Heart Workcamp (CHWC) Mission Trip to Milwaukee, WI with the St. Peter Chanel Youth Group on:

Depart SPC June 19, 2010

Return SPC June 26, 2010

I/ We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, St. Peter Chanel, the Catholic Archdiocese of Atlanta, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing / event(s) named above provided that said injuries are not the result of negligence. I/We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Parent/Guardian signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____

Name of Parish: St. Peter Chanel **Name of Youth Coordinator:** Megan Kyle

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

Participant's Signature: _____ **Date:** _____

In signing the above line, I agree to abide by any / all policies and rules established for this event / activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Basic rules / expectations include, but are not limited to, the following: Respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical / sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).

Total Cost **\$550 (includes payments PLUS fundraising)**
Deposit **\$150 (non-refundable, non-transferable deposit required)**
Two Payments **\$200 each**

- *** Open to those who will be in the 10th grade in the fall of 2010 and older.**
- *** Your spot is not secured unless deposit is received.**
- *** Participation in fundraising events is mandatory. If you do not participate in fundraising, there will be an additional cost, with a minimum of \$200. Funds obtained over and above the group requirement may be used to help defray your individual cost.**

Payment Schedule \$150 deposit DUE WITH PERMISSION FORM
\$200 DUE FEBRUARY 1, 2010
\$200 DUE APRIL 1, 2010

REFUND POLICY: No refunds

***A copy of the Archdiocese Medical Release is required for all away trips.**
***A copy of each participant's health insurance card is required for all away trips.**
This trip is only for parishioners of St. Peter Chanel.

_____ I can chaperone

T-shirt Size: (Adult Size): _____

Participant Email address: _____

Participant Cell phone Number: _____

Parent/Guardian Cell phone Number: _____

**Catholic Archdiocese of Atlanta
St. Peter Chanel Catholic Church ~ Annual Medical Release**

Name of Student: _____ **Date of Birth:** _____

Address: _____

EMAIL _____ **Home phone #:** _____

Participant's Social Security Number: _____ (Required for treatment in most hospitals.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:

Name & Relationship: _____

Phone#: _____ **CellPhone #** _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Insurance Carrier: _____

Name of Policy Holder: _____ **Relation to participant:** _____

Insurance Policy Number: _____ **Group Number:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Father/Guardian's full name: _____

Phone #: _____

Home address: _____

Place of business/address: _____

EMAIL _____ **Phone #:** _____

Mother/Guardian's full name: _____

Phone #: _____

Home address: _____

Place of business/address: _____

EMAIL _____ **Phone #:** _____

Please complete and sign both sides.

Name of Participant: _____

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION/NOTE SHOULD BE ATTACHED TO THIS FORM.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug allergies: _____

Other allergies/reactions (food, plants, insects, etc.): _____

List any other health problems/limitations that we need to be aware of: _____

Signature of Parent/Guardian: _____ Date: _____

(This Medical Release is good for the period of one year, beginning _____ and ending _____)

____ I have attached a copy (both sides) of my health insurance card.
