

Release and Consent Form
DUE SUNDAY, Feb 12, 2012

I, _____, the undersigned, give my permission to my daughter/son, _____, to attend the 11th and 12th grade Retreat on Feb. 19-20, 2012 at Camp Notre Dame, and if needed to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish chaperones of all responsibility and consequences that may arise as a result of this treatment. I will not hold Our Lady of Mercy/St. Mark's Parish and its employees or volunteers responsible in the event of an injury, and I will not hold them liable. Also, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

I can provide a snack _____.

I can transport other youth from _____ this event.

Medical Information

My child is allergic to _____
(Please send bee sting med. if necessary) and must take the following medication
(indicate dosage and frequency, etc.): _____

You should also be aware of these medical conditions of my child:

-

Insurance Information

(these numbers MUST be given)

Insurance Carrier _____ Group Number _____

Policy Number _____

Physician _____ Phone _____

In case parent cannot be reached, please call _____

Phone _____ Relationship to the youth: _____

Date of last Tetanus Booster: _____

Signature of Parent

Date

Home phone # _____ Phone # for days of the event _____

Comments/Questions _____

(OVER---THERE IS ANOTHER SIDE TO THIS SHEET---OVER-----)

Authorization to Give Medication

Please sign AFTER EACH MEDICATION that you authorize St. Mark Parish personnel to give to your child during the youth activity dated Feb19- 20. A signature or initials must follow EACH medication, which you approve of or that medication will not be given.

ASPIRIN-FREE SUBSTITUTE

HYDROGEN PEROXIDE (for cleansing)

THROAT/COUGH DROP

CALADRYL (minor skin irritation)

TUMS (for upset stomach)

KAOPECTATE/DIASORB (diarrhea)

NEOSPORIN or BACTINE SPRAY

Code of Behavior

Participation in Parish Youth activities is a privilege and not a right. Each youth is to attend the scheduled activity and only that activity. The behavior of all youth must reflect Christian values. The youth must obey all directives given by the adult chaperones. Drugs (including cigarettes) and alcohol are not permitted. Participants ARE NOT ALLOWED to leave the group without permission to go off on their own. Parish personnel have the right to ask any participant to leave at the participant’s own expense.

I/We have read, and agree to uphold, the above “Code of Behavior.”

Youth _____

Parent/Guardian _____

Supervising Adult(s) _____ Geri Hadlock