

Extreme Faith Camp 2018: Extreme Team Teen Leader Consent Form: St Vincent de Paul

PARENTAL/GUARDIAN CONSENT AND LIABILITY WAIVER

THIS FORM IS TO BE TURNED INTO: St. Vincent de Paul Parish Office by Monday, March 5th, 2018

Type/Date of Event: EF Camp Prayer Vigil (St Raphael) on May 20th, 2018 and Extreme Faith Camp 2017 (Big Sandy Camp) June 23-29, 2018 (Includes EF Camp Leaders Retreat on Saturday & Sunday)

Location: St Vincent de Paul, MN and Big Sandy Camp, McGregor, MN

Group Leader: Alannah Moran

Mode of Transportation: Bus

Cost of Event: \$435.00 (A \$150.00 deposit is due with the application)

T-Shirt Size: SM MED. LG. XL XXL XXXL

Participant's Name: _____

Home Address: _____

City: _____ State/Zip: _____

Home Phone: _____ Email: _____

Date of Birth: ___/___/___ Gender: ___Male ___Female Current Grade in School: 9 10 11 12

Parent/Guardian's Name: _____ Cell Phone: _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name Relationship Phone Number

HEALTH INFORMATION: (Please Provide A Copy Of Your Medical Insurance Card)

Medication my child is taking at present _____

For headache or minor pain, my child may be given _____

Allergies _____ Other Medical Conditions _____

Insurance Company _____ Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

I, _____, **GIVE PERMISSION FOR** _____
Parent or Guardian Name Child Name

TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify St. Vincent de Paul, other participating parishes, and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by *St. Vincent de Paul*, other participating parishes, and the Archdiocese of St. Paul & Minneapolis from in defense of such a claim/suit. I agree to drop my child off at the departure location at least 15 minutes prior to departure and to provide transportation home at my expense. I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by *St. Vincent de Paul*, other participating parishes, and the Archdiocese of St. Paul & Minneapolis while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense. I also give permission for video, pictures, or other images of my child to be used for Extreme Faith Camp promotional videos, flyers or other materials related to *St. Vincent de Paul* and other participating parish youth programs.

Parent/Guardian Signature _____ Date _____

MEDICAL MATTERS: 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. *(Of the following statements pertaining to medical matters, sign only those that are applicable.)*

Medical Treatment: In the event it comes to the attention of the *St. Vincent de Paul* other participating parishes, and the Archdiocese of St. Paul & Minneapolis from chaperons 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 at my expense.

Signature: _____ 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 **indicated on attached Prescription Drug & Medical Authorization Form.**

Signature: _____ Date: _____

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.

Signature: _____ Date: _____

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

Signature: _____ Date: _____

Specific Medical Information: *St. Vincent de Paul*, and other participating parishes will take reasonable care to see that the following information will be held in confidence.

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

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.?

If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing *St. Vincent de Paul* at the named event.

Please read and sign.

I, _____, WILL:
Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated *St. Vincent de Paul* and other participating can send the participant home at the participant/guardian's expense.

Youth Participant Signature Date

Parent/Guardian Signature Date

Please return to:
St. Vincent de Paul
Attn: Alannah Moran
9100 93rd Ave N
Brooklyn Park, MN 55445
No later than Monday, March 5th, 2018

