

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

St. Vincent de Paul
PRESCRIPTION DRUG AND MEDICINE AUTHORIZATIONS
(USE THIS FORM ONLY IF MEDICATION IS TO BE GIVEN DURING THE EVENT)

The Church of St. Vincent de Paul and other participating parishes sponsoring this activity are responsible for receiving an authorized form for each participant under the age of 18 if they are taking any kind of medication.

Any prescriptions or over-the-counter medicine must be in the original & labeled container.

The following information must be completed before medicine is given.

Student Name _____
Name of Prescription/Medicine _____
Prescribing Doctor _____
Amount of Dosage _____
Times to be Given _____
Duration of Prescription _____

I, _____, hereby authorize the **Extreme Faith Camp Nurse** to
Parent/Guardian

dispense medicine to _____ as directed above.
Teen

Signature of Parent/Guardian

Date