Faith Fest 2019 Volunteer Opportunity

June 21-22, 2019

Permission Slip

St. Francis Retreat Center

703 E Main St - Dewitt Michigan – 48820

Meet:	Friday, June 21, 2019 at St. Andrew
	8:45 am in the parish hall (enter through back parking lot)
Depart:	TBD
Arrive Retreat Center	TBD
Depart Faith Fest:	Saturday- June 22 after the concert and firework display.
Arrive St. Andrew	After Midnight… kids will text or call parents within 30 minutes of arrival

Overnight Accommodations on Friday, June 21st will be held at **the Sleep Inn hotel located at** 1101 Commerce Park Dr. Dewitt Michigan 48820
St. Andrew has reserved 4 rooms for youth. Each room can hold up to 4 people. Each room has 2 double beds.

There are only 16 available spots-first come first served basis.

Separate notices will be sent for packing slips and permission to ride in private cars once we have our team in place. Please provide updated email address below.

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My son/daughter has permission to attend 2019 Family Festival of Faith with St. Andrew Middle/High School Youth Groups.

____ I understand my child will be traveling by private car to the St. Francis Retreat Center in Dewitt Michigan to provide support along with Servants Way Organization in preparation for the 2019 Family Festival of Faith.

____ I understand overnight accommodations will be provided by St. Andrew and held at the Sleep Inn located at 1101 Commerce Park Dr. Dewitt Michigan 48820

____ My child will be traveling by private car to the Sleep Inn on Friday night June 21, where they will stay overnight and then return to the St. Francis Retreat Center on Saturday, June 22 to complete their responsibilities at FaithFest.

____ I acknowledge that my son or daughter will be working all day Friday and a 2- hour shift on Saturday. The youth will be assigned to an adult Leader from St. Andrew to chaperone during entire event and my child will be expected to stay with their group leader.

____ The youth will be assigned a roommate and room of the same gender. Rooms will be locked at night. Youth are expected to remain in rooms unless an adult is present.

____ Medication Y N If yes, please fill out the backside of this form.

____ You will be contacted for an exact pick up time when we are within 30 minutes of arrival to St. Andrew.

_____ _____ _____ Text Y N

Parent Name Phone Alternate Phone

_____ _____ _____

Emergency Contact Phone Relationship to Youth

Parent Email:_____

Medication Administration for St. Andrew the Apostle Catholic Church
For use during Field Trips/Youth Group Events/ Overnight Trips

The parent/guardian of _____asks that the following appointed person, Amy Casedy, volunteer for St. Andrew Catholic Church, under the supervision of Janet Cook, DRF K-8 and Middle School Youth Ministry; give the following medication to my child, according to the Health Care Provider's signed instructions on the lower portion of this form.

The program agrees to administer medication prescribed by a licensed health care provider. If is the parent/guardian's responsibility to furnish the medication. The parent agrees to pick up expired or unused medication within one week of notification by the staff.

Prescription Medication: must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, and date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and number must also be included on the label.

Over the counter medication: must be labeled with your child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with St. Andrew's staff delegated to administer medication.

_____ _____ _____

Parent/Legal Guardian's Name Parent/Legal Guardian Signature Date

_____ _____

Primary Phone Contact Alternate Phone Contact

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Health Care Provider Authorization to Administer Medication during a St. Andrew Catholic Church Event, Field Trip, or Youth Group Overnight Trip

Child's Name: _____ Birthdate: _____

Medication: _____

Dosage _____ Route (Oral, inhaled, digested) _____

To be given at the following time(s): _____

Special Instructions (with food, before eating, etc) _____

Purpose of Medication: _____

Side Effects to be reported: _____

Start Date: _____ End Date _____