

# EXTREME FAITH CAMP 2024

## PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Dad's Cell: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

Dad's Email: \_\_\_\_\_ Mom's Email: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_,  
Printed Parent or guardian's name Printed Child's name

to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from Saint Rose of Lima Catholic Church.

A brief description of the activity:

<b>Type of event:</b>	Extreme Faith Camp 2024
<b>Student Cost:</b>	\$410 (Deposit of \$75.00 at time of Registration)
<b>Date of event:</b>	July 15 <sup>th</sup> – July 19 <sup>th</sup> , 2024
<b>Event Location:</b>	Trinity Woods Catholic Camp & Retreat Center N10884 Hoinville Road Trego, WI 54888
<b>Contact Person:</b>	Maria Philips 651-231-3342
<b>Transportation:</b>	School bus provided to event / Parent pick up from event

I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I understand that my child is required to comply with the Code of Conduct provided by the parish/school while participating in the event. I understand and agree that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Saint Rose of Lima Catholic Church, its officers, directors,

Name of Parish/School

employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releasees"), from any claims, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releasees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Information:**

**List one other person's name who you'd like to be cabin roommate/small group buddy with...**

\_\_\_\_\_

**Do you need financial assistance?** \_\_\_\_\_ (Maria will follow up with details).

**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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of Saint Paul and Minneapolis, chaperones, 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 as soon as it is reasonably possible.

***\*Sign only if you want a call as soon as reasonably possible.***

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 as follows:

***\*Sign only if child is taking medication and bringing it with them.***

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.

***\*Sign only if child is NOT taking medication.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

***\*Sign only if you grant permission for non-prescription medication to be given.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The parish/school 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? \_\_\_\_\_

Does child have any physical limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? \_\_\_\_\_ If so, list date and disease or condition: \_\_\_\_\_

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

**As Parent or Guardian, I agree to all of the above stated considerations and conditions.**

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_