ARCHDIOCESE OF
NEW ORLEANS
Catholic Charismatic Renewal

Dear Parents,

May the peace of the Lord be with you!

The purpose of this letter is to let you know some very important information concerning the CCRNO bus trip to the Youth Conference in Steubenville. Please refer to the attached sheet of "things to bring/guidelines."

Please have your teen pack light for this five-day trip. We will have limited space for each passenger on the bus. We ask that all teens going on the trip meet in the parking lot of St. Benilde Catholic Church, 1901 Division St., Metairie, LA 70001, on Thursday, June 26 at 10:00 AM. Please have your child bring a bag lunch for Thursday. We will be riding for approximately 20 hours and will have breakfast (included in trip cost) at the Ark and the Dove Retreat Center until approximately 7:30 AM on Friday, June 27. Be sure that your child has some food, snacks, drinks, etc. with him or her for this 24 hour period or has some money to purchase food/snacks at various stops. (How much money will vary from child to child; our experience is that about $60 total for meals is sufficient for both bus rides. The exact amount of spending money is left up to your discretion.) **If your child shows any symptoms of illness, such as fever, vomiting, etc., within 24 hours of departure, please do not send him or her on the trip for your child's own well-being and that of all other participants.**

In case of any emergency, the phone number at the Franciscan University of Steubenville is 740-283-6801. You will need to request your child by their full name and as being with the Catholic Charismatic Renewal of New Orleans group.

The conference will end at approximately 3:00 PM on Sunday, June 29. We will have a box lunch at Steubenville; however, we will again be traveling for a period of 24 hours to return home so your child will need enough money to purchase food. We should be returning to St. Benilde Church on Monday, June 30 between 8:00 AM and 9:00 AM. We will encourage teens to call text home as we have a more definite time of arrival.

Enclosed please find the following forms:

1. General consent form and waiver.
2. Medical form.
3. Packing list and trip guidelines.
4. Link to Steubenville's REQUIRED liability form

ABSOLUTELY NO ONE WILL BE PERMITTED TO MAKE THE TRIP UNLESS THE ABOVE FORMS HAVE BEEN COMPLETED AND TURNED IN.

(OVER)

CATHOLIC
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If your child is taking prescription medication, please fill an extra prescription and send an extra bottle of the medicine along with your child if at all possible. Sometimes the medicine may get lost and it is difficult to refill an out-of-state prescription.

If you haven't paid the entire balance of the trip, and if other arrangements have not been made with us, then the balance is due immediately. If for some reason your child must cancel out of the trip, please let us know immediately, so that we can make the spot available to another teenager as soon as possible. Due to our financial obligations to Franciscan University, refunds are no longer possible.

There will be a **mandatory meeting** for all parents and teens going on this trip on **Wednesday, June 18th, at 6:30 PM in the cafeteria of St. Benilde Catholic Church/School in Metairie**. This is an important meeting for communicating items of information to both parents and young people. It will be an opportunity to meet those who will be leading the trip. There will be time for questions to be addressed as well. Also, there will be a notary present to notarize your consent form at no charge to you. These forms must be notarized in order to board the bus. The notary at this meeting is made available free of charge to all trip participants; please make sure you and your teens attend.

Post-trip testimony meeting... All young people who participate in the bus trip, as well as parents and/or friends, are invited to the CCRNO Youth Prayer meeting in the Rummel Raider Room, on Sunday, July 6, 7:30 PM. During this meeting, trip participants will have an opportunity to share testimonies of what the Lord did for them on the bus trip and at the youth conference. In years past, this has been a powerful and inspirational evening. Make sure you attend!

Please keep this trip and conference and everyone attending in your prayers.

Yours in Christ,

Timmy McCaffery Jr.
Executive Director

P.S. Here is the link to Steubenville's REQUIRED forms. All trip participants MUST follow this link and fill out all necessary information.
https://liability.steubenville.org/user/app/a3832e

P.P.S. Please be sure to waterproof belongings as much as possible. **Also, please make sure that all belongings are marked with your child's name**. Trips like this always seem to end with a number of personal items being left behind. Please help to minimize this by reminding your child to check, double-check, and triple-check that he or she has all belongings before leaving for home.

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PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____ SSN_____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____, grant permission for my child,_____,
to attend the bus trip described below. This activity will take place under the guidance and direction of employees and/or volunteers from the Catholic Charismatic Renewal of New Orleans (CCRNO). A brief description of the activity follows:
Type of event: Franciscan University of Steubenville Summer Youth Conference/Bus Trip
Location(s): Franciscan University of Steubenville, 1235 University Blvd., Steubenville, OH 43952
Individual in charge: Timmy McCaffery
Duration of activity: Thursday, June 26 - Monday, June 30, 2025
Mode of transportation to and from event: Chartered Motor Coach; Dixieland Tours

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I have submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I understand that this bus trip is under the sponsorship of the office of CCRNO and I certify that my child will submit to the reasonable and legitimate requirements necessary for good order while attending this retreat. If either medical or behavioral problems arise involving my child, I further understand and agree that the said sponsor and its representatives reserve the right to immediately return my child home and that any travel expenses incurred will be my responsibility.

I do hereby voluntarily appoint a CCRNO representative as health care representative for my child named above. He/she is hereby authorized to act for me and on behalf of my child in all matters of surgical or medical treatment for my child. This appointment terminates upon my child's return home from the youth conference. If I have no insurance or if my health insurance fails to pay all or part of any medical expenses incurred by my child, I understand and accept that I am ultimately responsible to pay for any and all medical expenses for my child and that CCRNO is not responsible to pay these expenses.

I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend CCRNO and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives associated with the event arising from or in connection with the negligence and/or intentional acts of my child.

Signature: _____ Date: _____

STATE OF_____, PARISH OR COUNTY OF_____
Sworn to and subscribed before me, Notary,
This_____day of _____, 2025
In_____,_____.

_____
Notary Public
Bar Number_____

ARCHDIOCESE OF NEW ORLEANS
MEDICAL INFORMATION AND CONSENT FORM

GENERAL INSTRUCTIONS TO PARENTS/GUARDIANS:

1. **Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.**
2. **Sections I, II and V are mandatory.** Sections III and IV provide you with treatment options in non-emergency situations.

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name _____

Home address: _____
(Street) (City/State) (Zip)

Home phone: _____ Cellular phone: _____

Business phone: _____ Other: _____

SECTION I. MEDICAL MATTERS

As the parent/legal guardian of the above-named child, who is currently associated with **The Catholic Charismatic Renewal of New Orleans (Hereafter, CCRNO)**. I hereby authorize **Timmy McCaffery or assistants** to carry out the wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from **June 26, 2025 through June 30, 2025.** 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: _____ Today's Date: _____

SECTION II. 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 numbers listed herein, contact:

Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

SECTION III: OTHER MEDICAL TREATMENT

In the event it comes to the attention of the parish, its officers, directors and agents, 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

Signature _____ Date: _____

SECTION IV: MEDICATIONS

(SIGN ONLY THOSE OPTIONS THAT ARE APPLICABLE)

- 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: _____

  _____

  Signature: _____ Date: _____

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

  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: _____

SECTION V: MEDICAL INFORMATION

The parish 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? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? _____

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: _____

_____

STEUBENVILLE YOUTH CONFERENCE INFORMATION

Things to bring:

1. Sleeping bag for dorm room bed
2. Pillow
3. Small flashlight
4. Towel
5. Toiletries (soap, toothpaste, etc.)
6. Shower shoes (flip flops, etc.)
7. Small umbrella or rain jacket
8. Non-disposable water bottle
9. Snacks and drinks for bus ride
10. Spending money (meals during bus rides, and campus bookstore)
11. Comfortable shoes
12. Sweatshirt or sweater
13. ***Bible and notebook or journal

PLEASE DO NOT BRING ANY VALUABLES THAT CANNOT BE CARRIED WITH YOU AT ALL TIMES, OR THAT YOU ARE NOT OK WITH POTENTIALLY LOSING!

* clothing should reflect Christian modesty: please avoid halter tops, tank tops, short skirts or short shorts, sleeveless T-shirts.

* no smoking of any kind will be allowed on the trip at any point.

* no drugs or alcohol will be permitted at anytime.

* please be sure to inform trip leaders of any allergies and if you are on any type of medication

* be sure to check in with your small group leader at designated times.

* good nourishment is very important during this trip and at the conference. Please eat an adequate amount of the proper foods, and drink liquids, especially water. Remember that fluid intake is more necessary in the heat. This is why bringing a water bottle is important.

* if you are ill, inform one of the leaders.

* keep bus restroom use to a minimum.

* be prudent in spending your money. (Save enough for the bus ride home; at least $30)

* obey all directions given by youth leaders and all bus regulations.

* If you have a question or concern, go to one of the leaders on your bus.