

Girls Group Out on the TOWN!

Student/Participant Name _____
Date of Birth _____ **Sex** _____ **Email** _____
Parent/Guardian Name _____
Home Address _____
Home Phone _____
Work/Cell Phone _____

Date of Event/Field Trip: Monday January 25th, 2010

Type of Field Trip: Hang Out

Destination: St. Albert's, High School, Dairy Queen

Individual(s)/Teacher(s) in Charge: Cassandra Olson

Time of Departure: 6:15pm 9:00pm Depart and return to St. Albert

Mode of Transportation To & From Event: BUS

Student Cost (if applicable): Just bring money if you want Dairy Queen

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:

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 # _____

Family Doctor _____

Phone Number _____

I, _____, **GIVE PERMISSION FOR** _____

Parent/Guardian Name

Childs 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 the parish/school 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 the parish/school 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. Albert/St. Michael 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.

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 St. Albert/St. Michael, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, 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 collect (with phone charges reversed to myself).

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. Albert/St. Michael 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. Michael's and St. Albert's Catholic Churches. In this event sponsored by St. Michael's and St. Albert's Catholic Churches On Monday January 25th, 2010

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. Albert/St. Michael can send the participant home at the participant/guardian's expense.

Youth Participant

Signature Date

Parent/Guardian

Signature Date