

Confirmation Retreat 2018

FFA Leadership Center
6595 S. 125 W., Trafalgar, IN 46181



Friday, March 9 – Sunday, March 11

What to bring:

Open heart & mind
Sleeping bag & Pillow
Toiletries and towel
Change of clothes for 3 days
Bible, Rosary, Journal, Pen
Sack Dinner for yourself for the drive up Friday
BOYS: Sweet or Salty snacks to share on the weekend
GIRLS: Water bottles or Gatorade to share on the weekend

Important Stuff:

On Friday, meet at the Parish at **4:30 p.m.** We're taking a bus!
Bring a sack dinner to eat on the drive to Trafalgar. Dinner is not provided.
On Sunday, pick up at the Parish is at **1:30 p.m.**

DATE: _____

Appendix #36

PARENTAL FIELD TRIP AND TRANSPORTATION NOTIFICATION, LIABILITY WAIVER, AND MEDICAL INFORMATION FORM.

We, the parent or guardian of _____
(Child's name)

Permit our son/daughter to attend the Confirmation Retreat at YMCA Camp Tecumseh, Brookston, IN
(Name of trip/destination)

Being planned by Billy Thompson on March 10-12, 2017
(Parish representative) (Date)

From 4:30pm Friday 3/10 depart parish _____ to 1:30pm Sunday 3/12 return to parish _____.

The purpose of this trip is: to offer ourselves an opportunity to "get away" and encounter Christ, to further prepare ourselves spiritually to receive the Sacrament of Confirmation, and to reflect on our relationship with God and His Church within a supportive group setting

We, as parents/guardians of the undersigned minor(s), hereby consent and agree to hold harmless, _____ parish and/or the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the activity and our child's event arranged transportation necessary to participate in the aforementioned activity. We understand that our child will be assigned to ride with a licensed adult driver, driving a privately owned automobile, or bus and that this assignment will be made by the aforementioned DRE/YM.

We give our permission for our son/daughter, in case of emergency, to be taken to a physician or hospital by either a parent in charge or by parish personnel. We understand that every effort will be made to contact us. If we cannot be reached, we hereby give permission to the physician selected by the parish member in charge or adult chaperone(s) to secure proper treatment for our son/daughter.

Parish representative signature _____ Date _____

Child signature _____ Date _____

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____

Accident/hospitalization policy name _____

Policy number _____ Home phone/cell phone _____

PLEASE NOTE THAT PARENT(S)/GUARDIAN(S) MUST COMPLETE, SIGN AND DATE THIS AND THE MEDICAL INFORMATION ON THE NEXT PAGE.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibilities for the health of my child. Of the following statements pertaining to medical matters, **sign only those in accordance with your wishes.**

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to the parish, it's officers, directors and agents, and the Diocese of Lafayette-in-Indiana, agents, representatives, volunteers and employees of either the diocese or any parish thereof, and chaperones or representatives associated with this event 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 number, contact:

NAME and RELATIONSHIP _____

Telephone number(s) _____

FAMILY DOCTOR _____

Telephone number _____

FAMILY HEALTH PLAN CARRIER _____

Policy number _____

(1) **Signature** _____ Date _____

Other medical treatment: In the event it comes to the attention of the parish, its officers, directors, and agents, and the Diocese of Lafayette-in-Indiana and all parishes within the diocese, and the officers, agents, representatives, volunteers and employees of either diocese or any parish thereof, and chaperones or representatives associated with the event, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect.

(2) **Signature** _____ Date _____

Medications: My child id taking medication at present. My child will bring all such medications necessary, and such medications will be labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

(3) **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.

(4) **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 advisable.

(5) **Signature** _____ Date _____

Specific medical information: 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 _____

Medications child currently takes _____

Does the child have a medically prescribed diet? _____

Does the child have any physical limitations? _____

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

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

You should also be aware of these special medical conditions of my child _____