



St. Bartholomew Permission Slip
Vertical Endeavors

PARENTAL CONSENT FORM & INDEMNITY AGREEMENT FOR PARTICIPANT

Student/Participant Name: _____

Date of Birth: ___/___/___ Sex: M / F Grade in School (6-8): ___ Email: _____

T-shirt size (adult size): _____ Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Work/Cell Phone : _____

Date of Event/Field Trip: **Saturday March 10, 2012**

Destination: **Vertical Endeavors- Minneapolis**

Individual(s)/Teacher(s) in Charge: **Kari Elsen**

Time of Departure: **5:00 mass- 6:00 Bus- 7:00 Climb**

Estimated Time of Return: **9:30pm**

Mode of Transportation To & From Event: **School Bus**

WILL YOU HELP MAKE THIS EVENT POSSIBLE?-- YOU ARE NEEDED AS A CHAPERONE!

_____ T-shirt size for chaperon: _____
Chaperone Name/Number

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the **Church of St. Bartholomew, all Churches participating, and the Archdiocese of St. Paul & Minneapolis** from any claims or law suits brought against the **Church of St. Bartholomew, all Churches participating, and the Archdiocese of St. Paul & Minneapolis** 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 **Church of St. Bartholomew, all Churches participating, and the Archdiocese** in defense of such a claim/suit. Should photos or video be taken, I give my permission for the use of my child's image and /or likeness in any promotional or other marketing activities relating to the youth ministry programs of **St. Bartholomew and all Churches participating.**

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. 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

_____ Emergency Phone Number
Name/Relation

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____

Family Health Plan carrier number: _____

Over →

Family Doctor: _____ Phone Number: _____

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

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. Bartholomew* or any of the other Churches participating, 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. (Which can be found on the Parish Website)

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. Bartholomew* and all Churches participating, 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: _____

Any special medical conditions? _____

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing *St. Bartholomew* and all Churches participating, in this event sponsored by *St. Bartholomew*, all Churches participating through December 9-10, 2011

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. Bartholomew* can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please return this form to the Parish Office by: Feb. 29, 2012