

St. Malachy Oasis - Revival

June 25-27, 2021

Participant Name (First, MI, Last): _____

Birth Date: _____ Age: _____ Church: _____

Parent/Guardian's Name(s): _____

Home Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____ Work: _____

I, (Parent/Guardian name) _____ grant permission for my child, (Participant Name) _____, to participate in the High School Retreat at Camp Milan Retreat Center, June 25-27, 2021.

T-Shirt size (circle one) Adult S Adult M Adult L Adult XL Adult XXL

Participant will (circle one): Stay overnight at retreat center Commute each day

List Food Allergies: _____

I understand the risks such activities present to my child, including, but not limited to serious personal injury or death. Any questions I may have concerning these activities have been answered. As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (participant). In consideration for my child being allowed to participate in this activity, I hereby RELEASE and AGREE to INDEMNIFY AND HOLD HARMLESS the Diocese, the parish, the school, and their employees and agents, and the volunteers assisting St. Malachy Church, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorney's fees) arising from or related to my child's participation in this activity.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

Publicity Form

On occasion, St. Malachy Parish and/or Youth Ministry and/or the Diocese of Peoria, takes photographs or makes an audio/video/digital recording of the participants involved in parish activities. Such photographs or video/digital recordings may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual/digital recordings may be used in St. Malachy Parish/Youth Ministry and/or Diocesan publications or advertising materials to let other know about our school/parish/Diocese. In addition, local news organizations may hear of our activities or events, and our school/parish/Diocese may invite or allow them to photograph or record our events to be used, distributed, or displayed, as agents of the school/parish/Diocese see fit. This consent includes but is not limited to: photographs, video/digital recordings and audio recordings.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

DIOCESE OF PEORIA FIELD TRIP PERMISSION FORM

(This form is required for all parish trips)

TO BE COMPLETED BY THE PARISH

Date of Trip 6/25/21 - 6/27/21	Destination: Camp Milan Retreat Center
Departure Time:	Return Time:
Educational Purpose: Youth Retreat	
Trip Supervisor Darci Dietrich	Student Cost for Trip (if any): \$20

TRANSPORTATION BEING PROVIDED (check all that apply):

- School Bus
 Private Vehicle
 Commercial Carrier
 Walking
 Other: None, family transports self

DRIVERS OF PRIVATE VEHICLES (check all that apply, if applicable):

- Parents
 Teachers
 School Staff
 Other: _____

PLEASE RETURN THE COMPLETED PERMISSION FORM WITH ANY MONEY DUE BY: _____

DRIVER INFORMATION (if applicable)

If private vehicles will be used for transportation on this field trip, please complete the following:

- Yes, I will drive for the field trip. I can accommodate _____ students with seat belts. *Please note: if you have a front passenger seat with airbag, do not use that seat for a student.*

- Yes, I am at least 25 years of age.

A copy of my driver's license is on file in the parish office. Yes No

My automobile liability insurance carrier is: _____

Policy #: _____

Expiration: _____

(the minimum acceptable liability limit for private vehicles is \$100,000/\$300,000)

- Sorry, I am not available to drive for the field trip.

STUDENT AGREEMENT / CODE OF CONDUCT

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance. I will listen attentively and will follow the supervisor's directions at all times. I understand that the parish has the right to terminate my participation in the field trip at any time if my conduct is not appropriate and/or if I fail to follow the supervisor's directions. I understand if I am removed from this field trip my parents are responsible for my travel expenses.

Signature of Student

Date

Signature of Parent

Date

MEDICAL INFORMATION

Does the student have any known allergic reactions or chronic illnesses? Yes No

If yes, please describe: _____

Will the student need to take any medication while on this trip? Yes No

If yes, list name of medication: _____

Name of Insurance Company: _____ Group Identification/Policy # _____

Name of Primary Physician: _____ Physician's Phone # (including area code): _____

PARENTAL AUTHORIZATION

I request that my child, _____, be allowed to participate in the field trip listed above. I understand that this activity will take place away from the parish grounds, and I grant my consent to the method of transportation. I further understand that this trip exposes my child to unpredictable risks and dangers. If emergency medical treatment is required due to accident, injury or illness, and I cannot be reached immediately, I hereby empower parish officials to exercise their discretion to transport my child to a hospital emergency room or other medical facility for treatment and to sign any releases that may be required in order to obtain medical treatment for my child.

If private vehicles are used for transportation, I give permission for my child to (check all that apply, if applicable):

- Ride with another parent
 Ride with teacher/staff
 Ride with another student
 Drive himself/herself

Signature of Parent

Date

Phone # where I can be reached during trip: () _____ (Cell) () _____ (Work) () _____ (Home)

TO BE COMPLETED AT HOME

STUDENT MEDICAL INFORMATION & EMERGENCY FORM

This form is to be reviewed twice a year and updated if necessary.

Student/Minor:

Name (first, middle, last): _____

Address: _____

Student/Minor's Regular Physician:

Name (first, middle, last): _____ Phone (including area code): _____

Medical Conditions:

Please list any medical conditions of the student/minor (asthma, diabetes, epilepsy, etc.): _____

List any allergies or allergic reactions to medications of the student/minor: _____

List any medications the student/minor is presently taking: _____

Other pertinent medical information: _____

Date of student/minor's most recent tetanus shot: _____

Medical Insurance Information:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency contacts:

Parent or Guardian

Name (first, middle, last): _____ Phone (including area code): _____

Other Contact

Name (first, middle, last): _____ Phone (including area code): _____

Relationship (friend, neighbor, coworker, etc.): _____

Authorization for Emergency Medical Treatment

This information will be kept in the possession of the parish. A copy will be distributed to the person in charge of each trip or athletic activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.

I, _____ [parent/guardian], understand that in the case of illness or injury to my child, _____ [child's name], the parish will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of Parent/Guardian

Date

This Authorization for Emergency Medical Treatment is valid for a period of one year, from August _____, 20____ through August _____, 20_____.



CATHOLIC DIOCESE OF PEORIA, IL

**OFFICE OF EVANGELIZATION AND
FAITH FORMATION
COVID-19 WAIVER**

2020-21

Parish	_____		
Child's Name	_____	DOB	_____
Parent(s)' Name(s)	_____	Phone	_____
Name of Physician	_____	Phone	_____
Emergency Contact	_____	Phone	_____

STUDENT COVID-19 WAIVER

We, to include but not limited to the above referenced parish and the Diocese of Peoria, have taken enhanced health and safety measures for your child. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the CDC, senior citizens, adults and children with underlying medical conditions are especially vulnerable.

By your child attending the above referenced Faith Formation Program, you voluntarily assume all risks related to exposure to COVID-19 by your child. I also understand that if my child is exposed to, develops symptoms of or someone in my family tests positive, I will self-report that information to the above referenced parish.

I have read the above and understand that my child could be exposed to COVID-19 while attending during the 2020-2021 term. I also understand that if my child has any symptoms or a temperature upon arrival my child will not be admitted. The undersigned do hereby release, forever discharge and agree to indemnify and hold harmless my parish, the Catholic Diocese of Peoria, IL, and their staff, employees, agents, and volunteers from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever for my child's participation in this event.

Signature of Parent/Guardian: _____

Date: _____