

**SCHS Parental / Guardian Permission Slip for Retreats**

**Student's Name:** \_\_\_\_\_ **Assigned Retreat Date (please circle):** **April 14<sup>th</sup>** **April 21<sup>st</sup>**

**Parent / Guardian's Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

(Please circle: Cell Phone, Business Phone, Other)

I hereby consent to participation by my child, \_\_\_\_\_, in this school-sponsored event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from Skutt Catholic High School. Please note that there will be times when your child will be permitted to enjoy the camp area, go on walks, etc. in small groups within a reasonable radius of the main center without direct adult supervision.

A brief description of the activity follows:

**Activity:** Junior Retreats

**Destination of Event:** Camp Cedars, Cedar Bluffs, NE

**Cost:** \$30.00 (checks made out to Skutt Catholic); \$30.70 if paying by credit card online

**Date and Departure Time:** Wednesday, April 14<sup>th</sup> or April 21<sup>st</sup> - 7:50am

**Anticipated Return Time (to Skutt for dinner):** 5:15pm, retreat concludes about 6:30pm

**Method of Transportation to and from Event:** Buses

**Supervised By:** Designated faculty

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

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Skutt Catholic High School, its officers, directors and agents, the Archdiocese of Omaha, chaperones, or representatives associated with the event, and the Mid-America Council and BSA, from any illness, injury, or cost of medical treatment, arising from or in connection with my child attending the event described above, that is not the result of intentional neglect or willful or wanton misconduct by the school, its agents, representatives or employees.

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. 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.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Emergency Contact Info (In the event a parent/guardian cannot be reached)**

**Name and Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Number of parents planning to attend the dinner at 5:15pm.**

\_\_\_\_\_ YES, I would like to provide a dessert or a snack for the junior retreat. I understand that I will be contacted with the details if my help is needed.

\_\_\_\_\_ YES, I would be able to help with set up / clean up / both (circle preference) for the parent dinner.

The best way to reach me is: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

**PLEASE RETURN WITH PAYMENT TO THE CAMPUS MINISTRY OFFICE BY Friday, March 19, 2010.**  
**Please note any special medical concerns or current medications on the back of this form.**