

SCHS Parental / Guardian Permission Slip for Retreats

Student's Name: _____

Sex: M F

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: Sophomore Retreats

Destination of Event: Girls – St. John Vianney Catholic Church; Boys – Camp Kitaki

Cost: \$20.00 (checks made out to Skutt Catholic); \$20.70 if paying by credit card online

Date and Departure Time: Tuesday, February 23rd, 7:50am

Anticipated Return Time: 4:00pm

Method of Transportation to and from Event: Buses

Supervised By: Fr. Andrew Sohm, Julie Schmitz, designated faculty and volunteers, and selected Seniors

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, and the Archdiocese of Omaha, chaperones, or representatives associated with the event, 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:** _____

YES! I want to help make the Sophomore Retreats successful! Please check below if you are interested in any of the following ways. Thanks for volunteering! You will be contacted with the details if your help is needed.

Boys retreat: _____ I would like to provide a dessert or a snack.

Girls retreat: _____ I would like to provide a snack. (muffins, fruit, water, etc.)

_____ I would like to come to St. John Vianney to pray for an hour for the girls and the retreat team. Please mark your available times: ___ 9-10 ___ 10-11 ___ 11-12pm ___ 12-1 ___ 1-2 ___ 2-3

_____ I would like to help prepare and serve lunch on the girls retreat.

If any of the above is checked, please let us know the best way to reach you:

_____ Phone _____

_____ Email _____

PLEASE RETURN WITH PAYMENT TO THE CAMPUS MINISTRY OFFICE BY Friday, February 5, 2010.
Please note any special medical concerns or current medications on the back of this form.