

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: Senior Retreat

Destination of Event: Carol Joy Holling Conference and Retreat Center, Ashland, NE 68003, (402) 944-2544

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

Date and Departure Time: Wednesday, September 15, 2010 - 7:50am

Anticipated Return Time: 8:30pm

Method of Transportation to and from Event: Buses

Supervised By: Julie Schmitz, Campus Minister, and 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, 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 Senior Retreat 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.

_____ I would like to provide a dessert or a snack.

_____ I would like to help prepare in the weeks before the retreat.

_____ I would like to help during the actual retreat. (Archdiocesan Safe Environment training required.)

_____ all day _____ morning only _____ afternoon / evening only

The best way to reach me is: _____ Phone _____

_____ Email _____

PLEASE RETURN WITH PAYMENT AND LETTER TO THE CAMPUS MINISTRY OFFICE BY Fri., Sept. 3rd.

Please note any special medical concerns or current medications on the back of this form.