



The Catholic Church of Mary Queen of Peace

LIFELINE PERMISSION FORM 2016-17 **(one permission slip covers all 2016-17 Lifelines!)**

Student/Participant Name _____
Date of Birth _____ **Sex** _____ **Email** _____
Parent/Guardian Name _____
Home Address _____
Home Phone _____
Work/Cell Phone _____

Date of Event/Field Trip: Saturday, January 8, 2017; Saturday, February 4, 2017;
 Saturday, March 4, 2017; Saturday, April 1, 2017; Saturday May 6, 2017.

Type of Field Trip: Lifeline **Destination:** NET Center W. St. Paul

Individual(s)/Teacher(s) in Charge: Ana Teresa Deliz

Time of Departure: 3:00pm -11:00pm Depart and return to St. Albert

Mode of Transportation To & From Event: BUS

Student Cost (if applicable): \$10.00 for transportation and Lifeline donation.

*\$ for fast food on the way down or bring bagged dinner.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. 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:

Name/Relationship	Phone Number

HEALTH INFORMATION:

Medication my child is taking at present _____
For headache or minor pain, my child may be given _____
Allergies _____
Other Medical Conditions _____
Insurance Company _____
Family Health Plan carrier # _____
Family Doctor _____
Phone Number _____

I, _____, **GIVE PERMISSION FOR** _____
 Parent or Guardian Name **Child Name**

TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT: I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school from any claims or law suits brought 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 parish/school in defense of such a claim/suit. I agree to drop my child off at the departure location at least 15 minutes prior to departure and to provide transportation home at my expense. I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by the Catholic Church of Mary, Queen of Peace while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

Parent/Guardian 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 Mary, Queen of Peace, 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.

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: Mary, Queen of Peace 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: _____

You should be aware of these special medical conditions of my child:

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing Mary, Queen of Peace in this event sponsored by Mary, Queen of Peace.

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, Mary, Queen of Peace can send the participant home at the participant/guardian's expense.

Youth Participant

Signature Date

Parent/Guardian

Signature Date

FOR MORE INFO: WWW.MQPCATHOLIC.ORG/HSYOUTHGROUP