Grade School Program (grades 1-6)----Monday, July 9 to Friday, July 13, 2018 9:00 a.m. – 3:00 p.m.
Bring a sack lunch & water bottle daily. Cost is $20.00 per student.

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Junior & Senior High School Retreat----Sunday, July 8 to Thursday July 12, 2018 7:30 p.m. – 9:30 p.m.
Cost is $20.00 per student.

Totus Tuus

Registration & Parental/Guardian Consent Form and Liability Waiver

Participant Name____
First *Middle* *Last*

Home address____
Street *City* *State* *Zip*

Birth date__________________ Sex__________ Grade for next School Year______________________

Parent/Guardian Name____

Home Phone_________________ Business Phone___________________ Cell Phone__________________

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 (name of parish/school), its officers, directors, employees and agents, and The Diocese of Sioux City, its employees, and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/school/diocese.

Signature: ________________________________ Date: ________________________________

________ **(Please Initial) Photo Release**: Pictures of my child taken during the event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to the Diocesan Director of Religious Education in writing to the contrary.

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.)

Emergency Medical Treatment: 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. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

#1 Contact Name & Relationship____

Home Phone__________________________________ Cell Phone__________________________________

#2 Contact Name & Relationship____

Home Phone__________________________________ Cell Phone__________________________________

Family Doctor____ Phone______________________________

Family Health Plan Carrier______________________________ Policy #____________________________

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Sioux City, chaperones, or representatives associated with the activity that my child becomes
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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 as follows:

____

____

Signature____ Date________________________________

No medication of any type whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature____ Date________________________________

OR:

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: The parish/school will take reasonable care to see the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.)____

____

Does your child have a medically prescribed diet?____

____

Any physical limitations?____

____

Has child recently been exposed to contagious disease or conditions such as mumps, measles, Chicken pox, etc.?

If so, list date and disease or condition____

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

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