

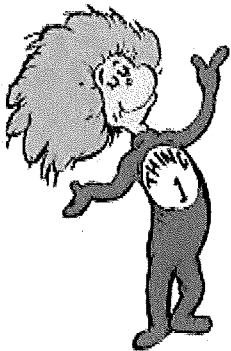
Our Senior High Youth Retreat  
The fun you'll have can't be beat

February 17 through 19  
Immaculate Heart is the scene



Come one, come all  
Permission slips in the hall

\$35 will be the cost  
Talk to Shannon if you're lost



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**SENIOR HIGH "SUESS IS LOOSE" RETREAT**  
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• DATE: February 17<sup>th</sup>-19<sup>th</sup>, 2012  
• PLACE: Immaculate heart Retreat Center  
• COST: \$35.00  
• To assure we have all the necessary supplies for the retreat turn  
• in your permission slip and money by February 12<sup>th</sup>.  
• For addition information contact:  
• Shannon Sicilia  
• Youth Minister  
• 496-5000 or 466-4991  
• [ssicilia@dioceseofspokane.org](mailto:ssicilia@dioceseofspokane.org)  
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# SENIOR HIGH "SUESS IS LOOSE" RETREAT

February 17<sup>th</sup>-19<sup>th</sup>, 2012

Immaculate heart Retreat Center

## Packing List

Bible

Rosary

Sleeping Bag/Blankets

Air Mattress or Pad

Pillow

Towel, Soap, Toothbrush, etc.

Flashlight

Warm Clothes

Comfortable Walking Shoes

Warm Coat, Gloves, Hat

A positive attitude and

Yourself ready for a great experience!

# FIELD TRIP

## PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Sex:

MALE

FEMALE

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my  
(Parent or guardian's name)

child, \_\_\_\_\_ to participate in this parish  
(Child's name)

event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Joseph, Colbert, WA  
(Name of parish)

A brief description of the activity follows:

Type of event: Sr. High Retreat

Date of event: 02/17/2012

Destination of event: Immaculate Heart Retreat Center, 6910 Ben Burr Road, Spokane, WA 99223 (509)448-1224

Individual in charge: Shannon Sicilia (509) 496-5000

Estimated time of departure and return: Friday, Feb. 17th at 6pm-Sunday, Feb. 19th at 1:30pm

Mode of transportation to and from event: carpool from Parish (if you are available to drive please contact Shannon)

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 St. Joseph, Colbert, WA, its  
(Name of Parish)

officers, directors, employees and agents, and the Arch/Diocese of Spokane, WA, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Arch/Diocese of Spokane, WA, its employees and agents and chaperons, 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 the negligence of the parish/diocese.

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.)

**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:

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OTHER MEDICAL TREATMENT:** In the event it comes to the attention of the parish, its officers, directors and agents, and the Arch/Diocese of Spokane, WA, 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 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: \_\_\_\_\_

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIFIC MEDICAL INFORMATION:** The parish 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?

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

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: