



# THE PARISH COMMUNITY OF SAINT HELEN

1600 Rahway Avenue Westfield, NJ 07090

908-232-1214

## JUNIOR/SENIOR RETREAT 2023

8 AM Saturday, March 25 to Sunday, March 26 returning by 1:30 PM

### PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT'S NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_\_) \_\_\_\_\_

I, (name of parent or guardian) \_\_\_\_\_, grant permission for my child (name of child) \_\_\_\_\_ to participate in this event.

**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. \_\_\_\_\_ (initial here)

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to the **Parish Community of Saint Helen**, its director, and staff, associated with this event, for treatment for my child to a hospital, attending physician, or surgeon for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. On this event, in an emergency, if you are unable to reach me at the above numbers, my **EMERGENCY CONTACT** IS:

Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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

Primary Policy Holder Name: \_\_\_\_\_

Address of Insurance Carrier: \_\_\_\_\_

Carrier's Phone: \_\_\_\_\_

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

(In the event that your child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, you want to be notified.)

**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, **condition requiring medication**, concise directions for use of such medications, including dosage and frequency of dosage, are as follow: **Please print.**

I hereby grant permission for non-prescription medication (such as Tylenol, Advil, throat lozenges, cough syrup, Tums, Maalox, Pepto Bismal) to be given to my child, if deemed advisable.

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

(OVER, PLEASE)

**\*Specific Medical Information: Saint Helen's 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:** \_\_\_\_\_

\_\_\_ Medically prescribed diet, gf, vegetarian, diabetic, etc.) \_\_\_\_\_

\_\_\_ Does the child have any physical limitations? \_\_\_\_\_

\_\_\_ Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting?  
\_\_\_\_\_

\_\_\_ Has the child recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, mono, covid etc.? If, so, the date and condition or disease:  
\_\_\_\_\_

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

**Code of Behavior:** I agree that my child shall abide by all rules and regulations as outlined in the Code of Behavior (the "Teen Contract"). I understand that if I have not heretofore seen the Teen Contract, it is my duty to seek a copy of the Code and to have reviewed it and explained it to my child prior to signing this form. I agree that, if my child fails to abide by the Code or engages in any infraction of the Code whatsoever, I will be called immediately and asked to come pick up my child. I fully understand the consequences of the foregoing statements and sign this **PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER** knowingly, freely, and willingly. **(Your signature must appear below or your child will not be permitted to attend the retreat.**

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

### **TEEN CONTRACT**

The chaperons for this event are assuming responsibility for me. By signing this contract, I agree that I will accept responsibility for my own actions. I agree that:

- I will respect and follow any reasonable directions given by the staff or chaperons.
- I will avoid activities that may cause damage to any of the facilities or fixtures or other property and I will pay my rightful share for any damage I may cause or participate in causing.
- I will respect the rights of others.
- I will not bring or use any alcohol, illegal drugs, tobacco products, or weapons of any kind
- I will not engage in inappropriate sexual behavior.

**I understand that violating the above rules may result in the loss of some privileges on the weekend and/or suspension from further Youth Ministry events. I also understand that violating these rules is a very serious matter. If I choose to do so, I understand that my parents will be immediately notified and asked to come pick me up and I will be sent home.**

***In compliance with the above rules, I will have a great weekend!!***

**REQUIRED SIGNATURES:** \_\_\_\_\_ Date: \_\_\_\_\_

**Participant:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**\$80.00 Fee (please make check payable to: St. Helen-Youth Ministry)  
Return this form with payment no later than March 16, 2023**