

# Combined Consent and Health Form - 2005

Your signature at the end indicates your consent and acceptance of the provisions included in this document.

Name \_\_\_\_\_

Parish/School \_\_\_\_\_ City & State \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Home Phone (     ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

**PARTICIPATION CONSENT :** I, (Name of Parent or Guardian) \_\_\_\_\_  
grant permission for my son/ daughter to participate in the **Retreat Weekend** program.

**LIABILITY WAIVER:** I will not hold **St. Hugo of the Hills**, the **Archdiocese of Detroit**, or the program facility responsible in the event of any injury or accident to my son or daughter while participating in the **Retreat Weekend** program and/or traveling to and from the program.

**STATEMENT OF HEALTH:** I hereby warrant that, to the best of my knowledge, my child is in good health and able to participate in all program activities. (Please submit a statement indicating limitations and/or conditions of which we should be aware.)

## INSURANCE INFORMATION

Health Insurance Co.: \_\_\_\_\_ Policy No. \_\_\_\_\_

**MOST RECENT PHYSICAL EXAMINATION** (Provide information on your child's most recent examination)

Date of Examination: \_\_\_\_\_

Physician or Clinic: \_\_\_\_\_ Phone \_\_\_\_\_

Physician/Clinic Address \_\_\_\_\_

**IMMUNIZATIONS:** Please provide date of latest tetanus immunization \_\_\_\_\_

**ALLERGIES/DIETARY NEEDS:** Please attach a statement noting all known allergies, including how the child has been treated and with what medication. If medications are needed occasionally or regularly, please send them with your child in case of need. If your child has special dietary needs or restrictions, please attach a statement listing these dietary concerns.

**OVER**

**MEDICATIONS:** Any medications brought to the program should be clearly labeled and in their original container. Please list any prescription or approved non-prescription drugs your child is presently taking. Include product name and physician's instructions on dosage and frequency.

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I understand that all prescription medication will remain in the possession of the adult team leader and be dispensed as prescribed. I grant permission for non-prescription medication (such as ibuprofen, Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. **If there are any non-prescription drugs you do not want administered to your child please list them below:** \_\_\_\_\_

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**OPERATIONS OR SERIOUS INJURIES:** (Within the past 18 months)

Operation/Injury \_\_\_\_\_ Date \_\_\_\_\_

**COMMUNICABLE DISEASES:** Please notify your **Retreat Weekend** Sponsor immediately if your child has been exposed to any communicable disease (mumps, measles, chicken pox, etc.) within three weeks prior to attending the **Retreat Weekend** program.

**MEDICAL EMERGENCY:** In case of medical emergency, I understand that a reasonable effort will be made to contact parents or guardian of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the Team Leader from the parish/school to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named herein.

**SIGNATURE OF PARENT OR GUARDIAN:** I certify that the above information is correct and give permission for my child to be transported in privately owned vehicles and/or via public transportation for approved **Retreat Weekend** program activities; and for the release of medical records to an attending physician in case of illness.

I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in the **Retreat Weekend** program.)

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

# Retreat Weekend Code of Behavior 2005

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We are happy and excited that you are joining us as part of **Retreat Weekend 2005**. The *Code of Behavior* has been developed as a way of helping participants understand what is expected of them during the week, and of making the learning experience a healthy and growthful one for all involved. Please read through the *Code* carefully, as you will be expected to honor and uphold it throughout your time with us.

- As necessary as rules are to maintain order, they can't and won't guarantee a successful Leadership Weekend experience. Success depends on people's willingness to work together for the common good.
- Participants take part in Leadership Weekend as part of a parish or school team. The adult leader of each team maintains primary responsibility for the actions of his or her team members. The sponsoring parish or school and the families of team members assume responsibility for any damage done to the facilities.
- Participants are expected to attend all sessions unless explicitly excused by the Program Director.
- Name badges should be worn during all program activities.
- Dress throughout the Leadership Weekend experience is casual, however shirts and shoes must be worn at all sessions and meals.
- Socializing should take place only in the designated public areas of the housing facility. No visiting is allowed in sleeping areas occupied by the opposite sex.
- Each day will be a busy one - making adequate sleep a necessity. Participants must be in their respective rooms by curfew time. The noise level in the sleeping areas should be kept at a minimum. Scheduled quiet and silent times must be honored. Only the Program Director can alter curfew times or the timing of any other scheduled activity.
- Smoking is not allowed during scheduled group activities. All other local smoking restrictions must be honored (ages, locations, times, etc.)
- The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program. Major infractions of the *Code of Behavior* will meet with the same consequences.

**Parent or Guardian:** I agree that my child shall abide by the rules and regulations outlined in the Retreat Weekend *Code of Behavior*. I have reviewed it and discussed the *Code* with my child prior to signing this form. I agree that if my child fails to consistently abide by the *Code* or engages in a serious infraction of the *Code*, he or she may be immediately dismissed from the Leadership Weekend program and sent home at my expense.

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

**Youth Participant:** I understand and agree to the Retreat Weekend *Code of Behavior*. I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the program and that I will be sent home at my own or their expense. (Your signature must appear below in order to participate in the Retreat Weekend program.)

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

# Parent Information Sheet

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**Program Site:**

Subiaco Retreat Center, Oxford MI

**Cost for program \$85.00**

**Emergency Phone Numbers:**

Office: 248-628-4274

Nikki Zakrzewski cell phone - 586-202-2423

**Program Dates:** Friday, October 14-Sunday, October 16

**Facilitator:**

Fr. Dan Homan & Staff

Program Begins at 8:00 pm. on Friday, October 14<sup>th</sup> and ends at 1:00 p.m. on Sunday, October 16<sup>th</sup>.

**Departure and Return Times:**

While it is preferable for the parents to bring their students to and pick them up from Subiaco, we realize this may pose some challenges. For those parents unable to make arrangements for the transportation of their young person, transportation will be available with advance registration. NO STUDENT SHOULD DRIVE HIM?HERSELF!

**Gather at St. Hugo at 7:00pm Friday, October 14**

**Return to St. Hugo at 2:00pm Sunday, October 16**