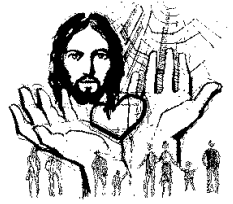


Matthew 25 Local Work Camp 2019

St. John Vianney



PLEASE PRINT:

CHILD/WARD: _____ **GRADE(April 2019):** _____ **GENDER:** _____

PARISH: _____ **-Or- I am a guest of** _____

PARISH/SCHOOL: Good Shepherd, St. James and St. John Vianney

DESIGNATED SUPERVISORS OF ACTIVITY: Corinna Ramsey, 262-345-3897, Bryan Ramsey, 262-253-2915; Dave Baudry, 262-796-3944, ext.1117

ACTIVITY: Matthew 25 Work Camp - Work Campers will be offering service to many agencies and local needs. They meet at Good Shepherd Parish at: **8:00am-4:30pm** Monday, Tuesday and Thursday and Friday. Drop off time is **12:00pm** on Wednesday, because they will be serving supper at various places. We will travel in assigned Work Camp groups in bus and cars.

DATES: June 24-28, 2019

TIME: 8:00am-4:30pm Wed. is 12:00-8:00pm

METHOD OF TRANSPORTATION: Bus and/or Cars from Good Shepherd Catholic Church, parents get their children to Good Shepherd and pick them each day

STUDENT COST: \$75 before May 1st, \$100 after May 1st (\$25 deposit with registration)

Please make checks payable to **St. John Vianney Church**

****NEW 2019****

_____ Yes, order me a M25 hat for an extra \$15 x _____ # of M25 hats needed = \$ _____ total additional charge

_____ No, I don't want a M25 hat

In consideration for my child/ward participation, I agree to reimburse and indemnify the churches/parishes for all reasonable legal and court fees incurred by the churches/parishes in defending a lawsuit that I or my child/ward may bring against the churches/parishes, which relates to the above named activity if the churches/parishes are found not legally liable by the courts and prevails in the lawsuit. If the churches/parishes are found legally liable for injuries sustained by son/daughter/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I have the opportunity to fully discuss this agreement with a representative of the churches/parishes to clarify any concerns or questions about the activity or this agreement that I may have.

As parent or guardian of the above named student, I give permission for my child to participate in the field trip described above:

Parent/Legal Guardian **Printed** Name

Address City State Zip

Home # Work # Cell #

Parent Email(s)

Youth Email

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me at the above numbers, contact:

Emergency Contact Name _____ **Phone #** _____

I/we agree that in case of injury or medical emergency, I understand that a reasonable effort will be made to contact me. In the event that I cannot be reached, I hereby give permission for the physician selected by the Good Shepherd employee or Good Shepherd's representative to hospitalize, to secure proper treatment for, and to order injection, anesthesia, medication, or surgery for my child.

Parent/Guardian's Signature _____ **Date** _____

Insurance Carrier _____ **Policy Number** _____



Name of Child's doctor _____

Phone number _____

Please list any health information that might be needed by our staff or health emergency personnel: allergies, chronic conditions, recent or current injuries, etc.

Other Medical Treatment: In the event that the child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, do you grant permission for supervisors to give your child non-prescription medication, such as acetaminophen, throat lozenges, cough syrup, or antacid?
_____ Yes _____ No, I wish to be contacted first.

Medications: List all medication names, prescription and over-the-counter, that the student currently takes at home and during the school day so we know what they may have in their system on a normal camp day:

Please list all prescription medications **that we will have to administer during the camp day.** (Name, dose, route given and frequency):

Medical Provider Consent: Required only for **prescription medications** listed above.
I authorize Good Shepherd Catholic Church to give the above prescription medication(s) to this student.

Inhaler and Epi-Pen Only: This student and his/her parents have been instructed in self-administration and the student may carry an inhaler or Epi-Pen and self-administer. _____ Yes _____ No

Print Medical Provider Name: _____ **Phone:** _____

Medical Provider Signature: _____ **Date:** _____

Parent Consent for Medical treatment and administration of medication

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. I give Good Shepherd Catholic Church permission for emergency and other medical treatment, including the administration of the above prescription and non-prescription medication(s).

Parent/Guardian Signature: _____ **Date:** _____

Inhaler/Epi-Pen Only: My child may or may not carry and self-administer.

Food Allergies? No Yes If so, what are you allergic to? _____

Photo & Video Release

I hereby give my permission to Good Shepherd Catholic Church for photographs and/or videos that may include my child's image to be used in promotional materials. This includes any prints, slides, copies, reductions, or any other processes or treatments necessary to make a photograph/video for reproduction purposes. I release all rights and privileges for financial obligations for this permission.

Parent/Legal Guardian Signature: _____ **Date:** _____

SHIRT SIZE FOR PARTICIPANT (Adult Sizes): S M L XL OTHER _____

****Contact me, I would like to help chaperone for one or more days:**

Adult Chaperone Name: _____ Phone # _____

Email address if different than parent's: _____

Availability of chaperone: M T W Th FT-shirt size of Chaperone: _____

_____ I would like to be placed with my child's team _____ I would like to be placed in another team

\$25 Registration Fee for youth (Non-refundable) \$ _____
(Total cost of the week is \$75 before May 1st, \$100 after May 1st)

Plus additional cost of optional hat(s) \$ _____

Total paid with registration \$ _____

Please make checks payable to St. John Vianney Parish
1755 N. Calhoun Rd. Brookfield, WI 53005

Questions: Please contact Dave Baudry at 262-796-3944 ext. 1117

(Office Use) Deposit Received: _____