



**SCHOOL ACTIVITY / FIELD TRIP**  
**Parental/Guardian Consent Form and Liability Waiver**

**Return both forms by September 12**

Dear Parent(s)/Guardian(s):

Your son or daughter is registered to participate in a school-sponsored Junior Retreat that requires transportation to a location away from the school site. The Retreat is presented by the Youth Ministry Team of the Jesuit Spiritual Center in Milford and will take place under the supervision of St. Henry District High School employees.

The following is a brief description of the activity:

- Curriculum Goal: Junior Overnight Retreat
- Destination: Jesuit Spiritual Center 5361 S Milford Rd. Milford OH
- Designated Supervisor(s): SHDHS Staff: Wendy Tobergte, Annie Poat, Michael Fay
- Start Date/ Time: September 18 (Mon), Arrive at SHDHS cafeteria at 7:40 AM; Depart by bus at 8:00 AM
- Ending Date/Time: September 19 (Tues). Depart from retreat between 1 - 2 pm - return to SHDHS by 2:45 PM
- Transportation: **PROVIDED BY SCHOOL - TRANSPORTATION by BUS**  
**Students are NOT permitted to drive.**
- Student Cost: None. Bring snacks to share (chips, fruit, cookies, etc)

Questions/Emergency: Contact Annie Poat, Campus Minister **cell:** 614-404-5990 **email:** anniepoat@shdhs.org

If you would like your child to participate in this activity, please complete and sign the following statement of consent and release of liability. (As a parent or legal guardian, you remain fully responsible for any legal liability that may result from any personal actions taken by the named student.) (As a student, you remain subject to any disciplinary action that may result from personal actions that are not in compliance with the rules of the school.)

I hereby request that my child, \_\_\_\_\_, be permitted to participate in the activity described above. I understand that this activity will take place away from the school grounds, that transportation is provided by the school, and that my child will be under the supervision of the designated school personnel. I realize and agree to indemnify \_\_\_\_\_ School and its representatives from liability for any accident in which my child may be involved or any injury to my child that may occur in connection with this activity. I consent to the conditions for participation in this activity, including the method of transportation.

**PARENT/GUARDIAN**

I recognize that I remain fully responsible for any legal liability resulting from personal action by my child. Witness my signature this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Father/Guardian \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Parent/Guardian Phone Numbers \_\_\_\_\_

**STUDENT- PARTICIPANT**

I understand that I am subject to the rules of conduct specified by SHDHS and the Jesuit Spiritual Center (listed below), I agree to abide by them as well as the directions of the designated supervisors of this retreat.

Signature of Student Participant \_\_\_\_\_ 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 apply.

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

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

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

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

**Illness:** If my child should become ill while on retreat, and it comes to the attention of a chaperone/staff member, I will be notified and will make arrangements for my child to leave the retreat.

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.products such as acetaminophen or ibuprofen, throat lozenges, cough syrup, etc.) to be given to my child, if deemed appropriate.**

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

**Specific Medical Information:** We will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.) \_\_\_\_\_

Does child have a medically prescribed diet?  No  Yes \_\_\_\_\_

Any physical limitations: No Yes \_\_\_\_\_

You should be aware of these special physical, emotional, or spiritual needs of my child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have special prayer requests for your family please list them below. Our prayer intercessor team will pray for them during the retreat: \_\_\_\_\_

**Continued on Next Page**

**SHDHS Junior Retreat Information and Rules  
Parent(s) and Participants - Read and Sign Below  
Turn in with Permission Form**

**Thank you!**

We look forward to spending this valuable time with you during Junior year. A retreat is a special time set apart for personal reflection and spiritual growth, away from school and the distractions of daily life. We have been praying for you and look forward to praying with you and spending time as a CRU family.

**What to expect:** A combination of large and small group activities, spiritual growth talks, social time, prayer, music, team building activities, Mass and Confession.

**Accommodations:** Private rooms. Bed linens, pillow, towel and washcloth are provided.

**Food:** Meals are provided, including a salad bar. Peanut butter and jelly sandwiches are always available. If you have special dietary needs or preferences, you may bring your own food. If you have food allergies please let us know immediately. A refrigerator, microwave, and toaster are available. You may also bring your own food.

**What to bring:** A great attitude, clothing that meets out-of-uniform standards (dress in layers for various temperatures), a refillable water bottle with your name on it, and personal hygiene items (Don't forget to bring toothbrush/paste and deodorant! Thank you in advance). Please bring snacks to share. Individually wrapped items are preferred such as individual chip bags, snack cakes, whole fruit, etc.

**What not to bring:** School work, electronics, valuables, anything that is not permitted at school is not permitted at retreat, including the usage of cell phones during the retreat. If phones are out, they will be kept by school staff until the retreat ends.

**Rules & Expectations:**

1. Designated areas (indoor and outdoor property) available to us will be indicated, all other locations are off limits. All students are to stay in designated areas, ready to participate at the designated time.
2. Food or drinks are in designated areas only - definitely not permitted in bedrooms or chapel
3. Prescription Medication instructions are to be included on the medical form.
4. Over the counter medications are not to be shared by the students. Standard over the counter medications are available from SHDHS staff.
5. Sleeping Area: Ladies and Gentlemen sleeping areas are designed by hallways. Never is one to be in a hallway that is not one's gender. Only the assigned person is permitted to be in a bedroom during the entire retreat.. Sleeping areas are off limits during the day.
6. Respect, outstanding behavior, and polite manners is expected at all times regarding retreat staff, property, others' belongings, and all interactions. Pick up and clean up after yourself.
7. All school rules apply. A violation of any rule will result in consequences deemed appropriate by administration.
8. I understand that the school IS providing transportation and that students are not permitted to drive to retreat.

**I have read and agree to abide by the above rules and expectations:**

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

**Driven by Love! United in the Spirit!**