

**DIOCESE OF MEMPHIS**

**PARENT PERMISSION FORM FOR OUT-OF-TOWN TRIP PARTICIPATION**

**SCHOOL OR PARISH ADDRESS:** St. Louis Catholic Church  
203 South White Station Rd, Memphis, TN 38117

**STUDENT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**TRIP INFORMATION:**

**DESTINATION:** Winter Retreat to Winter Park, Colorado

**CHAPERONES:** Paul Walker, Father Dennis Schenkel, Alan Smith, Bridget Walker, Erica Smith, Maribeth Reynolds, Lindsey Haaga, Rebecca Payne, Andrea Olson, Carrie McIvor, David Driscoll, Chris Holliday and Thomas Lanigan

**DATE AND LOCATION OF DEPARTURE:** 27 December at Orians Center

**DATE AND LOCATION OF RETURN:** 2 January 2009 at the Orians Center

**METHOD OF TRANSPORTATION:** 2 Charter Buses

**ACCOMMODATIONS (NAME, ADDRESS, PHONE NUMBER):**

YMCA of the Rockies - Snow Mountain Ranch, Winter Park Colorado – (970) 887-2152

**PLANNED ACTIVITIES:** Listed below are the activities we plan to offer to the students during the trip. *Initial your approval* for your child's involvement in the specific activities listed below:

	Initial Below
Retreat Games/Activities	_____
Snow Skiing	_____
Snow Tubing	_____
Shopping	_____
Snow Boarding	_____

**RULES OF BEHAVIOR:** Listed below are the rules your son or daughter is expected to obey while participating in this trip.

**NO Alcohol, Drugs, or Cigarettes.** Inform advisors of any prescription medications. Obey ski patrol and all posted warning flags/signs. No skiing alone. Stay with the group at all times. Inform advisors of your whereabouts within the allowed boundaries at all times. Be on time for all activities.

**PARENT AND STUDENT RELEASE STATEMENT:**

As parent/legal guardian of \_\_\_\_\_, I have reviewed the information about the trip to Winter Park, Colorado and give my permission for the subject of this release to be involved in the overall activities and in the specific activities that I have initialed above.

I/We have reviewed the rules of the activity and agree that the subject of this release will abide by them. **I/We also acknowledge that if the subject of this release has to return home for discipline violations, it will be at my/our expense.**

I/we understand all reasonable safety precautions will be taken at all times by St. Louis Church CYO and its agents during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We believe that the subject of this release is physically and mentally capable of taking reasonable precautions for his/her own safety and has the maturity and judgment not to put themselves or others in dangerous situations. I/We agree not to hold St. Louis Church and the Catholic Diocese of Memphis its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN EMERGENCY PHONE NUMBERS: \_\_\_\_\_

DATE: \_\_\_\_\_

**DIOCESE OF MEMPHIS  
HEALTH FORM AND MEDICAL RELEASE**

Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

If parent or guardian cannot be reached in an emergency then please notify:

1) \_\_\_\_\_  
Name Address

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

2) \_\_\_\_\_  
Name Address

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

**Health History**

Any Pre-existing or Present Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Name and dosage of any medications that must be taken \_\_\_\_\_

\_\_\_\_\_

Any allergies? \_\_\_\_\_ To medications? \_\_\_\_\_

Please check all that apply:

\_\_\_\_ Hay Fever      \_\_\_\_ Heart Condition      \_\_\_\_ Diabetes      \_\_\_\_ Insect Stings

\_\_\_\_ Epilepsy/Nervous Disorders      \_\_\_\_ Asthma      \_\_\_\_ Frequent Stomach Upsets

\_\_\_\_ Physical Handicap      \_\_\_\_ Any Major Illness During the Past Year?

If any of these are checked, please give details (i.e. include normal treatment of allergic reactions)

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

Date of last Tetanus shot \_\_\_\_\_ Contact Lenses? \_\_\_\_\_

Any swimming restrictions? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_

Any activity restrictions? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_

Is the child under any special medical treatment or diet that needs to be continued? \_\_\_\_\_

In case of medical or surgical emergency, I hereby give permission to the physician selected by

\_\_\_\_\_ St. Louis Catholic Church Youth Ministry \_\_\_\_\_

\_\_\_\_\_ (school/church/group)

or his/her representative to hospitalize and/or secure proper medical treatment for my above named child. I understand that I am responsible for the cost of any medical treatments (including surgery) received by my child. I hereby release the directors and staff of this event from all responsibility for sickness or accidents which occur during the event. I understand that I will be contacted immediately in the case of an emergency.

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
street city state zip

Date \_\_\_\_\_ Insurance Company \_\_\_\_\_

Insurance Policy # \_\_\_\_\_ Insurance Certificate # \_\_\_\_\_

If the situation permits, my first choice of hospital is \_\_\_\_\_

\*Please understand that depending upon the seriousness of the situation, your child may be transported to the nearest hospital.