

**YOUTH MINISTRY EVENT PARTICIPATION PERMISSION AND RELEASE
EVENT INFORMATION**

Class/Grade Level: *High School*

Event Description: *Steubenville Conference*

Purpose of Event: *Spiritual Formation*

Date/Approx. Time of Departure: *Friday, June 24th around 8:00am*

Franciscan University of Steubenville 1235 University Blvd, Steubenville, OH 43952

Date/Approx. Time of return: *Sunday, June 26th around 5:00pm*

Individual(s) in charge: *Catherine Carroll and Jennifer Litchfield*

Emergency Contact info: *(260)206-8371 (Cat) (260)349-5214 (Jenn)*

(Please detach and return portion below to the parish, also make sure your annual medical forms are turned in from www.stcharlesfortwayne.org/welcome-packet):

PARENT/GUARDIAN PERMISSION AND RELEASE*:

Parent/Guardian Name: _____ Telephone: _____

Address: _____

Email: _____

Participant Name: _____

Participant Age: _____ Participant Grade: _____

The following are a few guidelines all participants are expected to follow while participating and representing St. Charles Borromeo Church on all outings: Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way. Respect the property of others, including all program facilities and property. Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones and transportation personnel. Be on time. Not have in my possession any tobacco, alcohol or any controlled illegal substance. I agree that if any of these terms are violated, the Parish can send the participant home at any time at the participant/guardian’s expense.

If you would like your child to participate in this event, please date, and sign:

I allow my child to participate in the parish event trip to Steubenville conference June 24th-26th In consideration of the aforementioned participant, my child, being allowed to participate in this event, I, on behalf of myself, my child and my child’s other parent/guardian, hereby acknowledge recognition that such an activity may expose my child to risks and hazards not ordinarily encountered in the parish youth ministry program. Further, on behalf of myself, my child, and my child’s other parent/guardian, I hereby release and agree to hold harmless the above named parish and the Diocese of Fort Wayne-South Bend, Inc. to the fullest extent permitted by law from any and all claims, judgments and liability of every kind for any injury and damage of any kind, whether personal or property, that we or any one of us may suffer or incur due to my child’s participation in the event, regardless of whether the injury or damage is attributable to the fault of parties other than the Parish or Diocese or attributable to the fault, including negligence, of the Parish or Diocese. I have instructed my child to follow the rules of conduct as directed by the parish youth ministry program and Diocese.

Date Parent/Guardian Signature Parent/Guardian Printed Name

*A new Event Participation form must be completed for each Event. Information provided in the Annual Emergency Medical Care Form will apply to each Event in which your child is allowed to participate during the Youth Ministry Program year. Parents/guardians are responsible for updating the information on that form should changes occur during the Youth Ministry Program year. 04/2022

Medication Form

IMPORTANT NOTE: Prescription labels MUST match the dosage directions that you are currently following. Contact your doctor or pharmacy to remedy this, if necessary. All medications will be distributed by our adult chaperones based off of the information provided below. Bring medications to the check-in upon arrival.

Student Name: _____

Medication Name	Doseage	Time(s)	Precautions/Side Effects
	<i>(ex: milligrams x # of pills)</i>	<input type="checkbox"/> <i>Breakfast</i> <input type="checkbox"/> <i>Lunch</i> <input type="checkbox"/> <i>Dinner</i> <input type="checkbox"/> <i>Other (specify):</i> _____	
		<input type="checkbox"/> <i>Breakfast</i> <input type="checkbox"/> <i>Lunch</i> <input type="checkbox"/> <i>Dinner</i> <input type="checkbox"/> <i>Other (specify):</i> _____	
		<input type="checkbox"/> <i>Breakfast</i> <input type="checkbox"/> <i>Lunch</i> <input type="checkbox"/> <i>Dinner</i> <input type="checkbox"/> <i>Other (specify):</i> _____	
		<input type="checkbox"/> <i>Breakfast</i> <input type="checkbox"/> <i>Lunch</i> <input type="checkbox"/> <i>Dinner</i> <input type="checkbox"/> <i>Other (specify):</i> _____	

Continue on a separate sheet as needed.

Parent Signature: _____ Date: _____