



# SUMMER STRETCH 2019

<b><u>What:</u></b>	3 days of service and fun! We will work with local service agencies for 2 (Monday and Tuesday) days and then on the third day (Wednesday), spend the day at Valleyfair. Make a difference in the community!
<b><u>Cost:</u></b>	\$55 includes: lunches on Monday and Tuesday and admission fees to Valleyfair on Wednesday.
<b><u>Who:</u></b>	Any student currently in grade 6, 7, 8, 9, 10, 11 or 12. <b>They do not need to be a member of St. Patrick's Church! Bring your friends!</b>
<b><u>When:</u></b>	Service Day - Monday, July 15 from 9:00 am to 1:00 pm Service Day - Tuesday, July 16 from 9:00 am to 1:00 pm Valleyfair - Wednesday, July 17 from 9:00 am to 7:00 pm Please meet at the SPY ROOM each day
<b><u>PLEASE NOTE:</u></b>	<b>The deadline to sign up (with payment and completed consent form) for this event is Wednesday, June 26</b>
<b><u>Questions:</u></b>	Please contact Bryan Collins at 651-621-1562 or <a href="mailto:bcollins@churchofstpatrick.com">bcollins@churchofstpatrick.com</a>
<b><u>Help is needed</u></b>	We do need parents to help as chaperones, drivers or with lunch. If you are interested in helping please indicate it on the consent form. Thank you!

## Summer Stretch 2019 PERMISSION FORM

Student/Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Grade 2019/2020 \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Date of Event: July 15-17, 2019 Type of Field Trip Summer Stretch Cost \$ 55**

**Destination Service Sites and Valley Fair, Shakopee, MN**

**Individual(s)/Teacher(s) in Charge Bryan Collins; Church of Saint Patrick**

**Estimated Time of Departure: Varies**

**Mode of Transportation To & From Event/Field Trip: Parent Drivers**

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### HEALTH INFORMATION:

Medication my child is taking at present \_\_\_\_\_ For  
headache or minor pain, my child may be given \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Insurance Company \_\_\_\_\_ Family Health Plan carrier number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

I, \_\_\_\_\_, **GIVE PERMISSION FOR** \_\_\_\_\_  
Parent or Guardian Name Child Name

to participate in the above-named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish, participating parishes and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against the parish/Church of St. Patrick/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish, and Archdiocese in defense of such a claim/lawsuit.

**Use of Image:** I grant permission to **Church of Saint Patrick** to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child, or for any other lawful purpose whatsoever, including photographic portraits, picture, reproductions, made through any medium, including electronic media and the undersigned parent/guardian does hereby release Church of Saint Patrick and all churches participating with such use. This authorization and consent permits such use to associate my child's name with the likeness for such purposes provided such use and is consistent with the acceptable use policy for electronic communications and other policies.

**Electronic Communication:** I authorize staff or other leaders of **Church of Saint Patrick** and parish leaders to communicate with my child electronically, including via social media in accordance with the Acceptable Use Policy for Electronic Communication.

**As a Parent or Guardian, I agree to all of the above stated considerations and conditions.**

Parent/Guardian Signature \_\_\_\_\_ 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 are applicable.*)

**Medical Treatment:** In the event it comes to the attention of **the Church of Saint Patrick**, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

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 indicated on attached Prescription Drug & Medical Authorization Form.

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

*Please select only one of the following two options:*

**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** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

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

# CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing  
**The Church of Saint Patrick at Summer Stretch 2019**

In this event sponsored by: and The Church of Saint Patrick

On July 15-17, 2019. *Please read and sign.*

I, \_\_\_\_\_, **WILL:**

Printed Name of Youth Participant

- 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, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, vaping items, alcohol or any controlled illegal substance

**I agree that if any of these terms are violated, the Church of Saint Patrick can send the participant home at the participant/guardian's expense.**

\_\_\_\_\_  
Youth Participant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

=====

*Parents:*

*We will need at least 1 adult chaperone for every 8 youth from our parish. Please consider being an adult leader for this event. If you have questions, please feel free to contact me. If we do not find the appropriate number of chaperones, the event will be cancelled.*

*Please Circle one of the following options:*

*Yes: I am able to be an adult leader at Summer Stretch 2019*

*No: Sorry I am unable to be an adult leader this time.*

*Maybe: I'd like to know more!*

*Volunteer Name:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

*Email:* \_\_\_\_\_