

KENNEDY CATHOLIC SEARCH PERMISSION SLIP

Please mark the same order of preference you submitted on the online form:

_____ **Fall Search 2017: October 26, 27, 28**

_____ **Winter Search 2017: November 30, December 1, 2**

_____ **Spring Search 2018: March 8, 9, 10**

This form must be completely filled out and signed by a parent/guardian and returned to Campus Ministry by **Monday, September 25** or your spot will be given to someone on the waitlist.

PLEASE PRINT NEATLY!!!

STUDENT NAME: _____

WHAT SCHOOL DID YOU ATTEND BEFORE KENNEDY CATHOLIC: _____

WHAT CHURCH (IF ANY) DO YOU ATTEND: _____

PARENTAL/ GUARDIAN AUTHORIZATION CONSENT FORM & LIABILITY WAIVER

First and last names of parents or guardians: _____

Parents' phone numbers: Home _____ Work (M) _____ Work (D) _____

Cell (Mom) _____ E-mail (Mom) _____

Cell (Dad) _____ E-mail (Dad) _____

If student is living with only one parent, name, phone number, and email of other parent, if possible.

Name _____

Phone Number _____ Email _____

A brief description of the activity follows:

Event: Search Retreat

Location of event: Lakeview Christian Retreat Center

Individuals in charge: Mr. Patulot, Ms. Harrington, Mr. Caldwell, Ms. Farrell, Mr. Skillman

Estimated departure time: Thursday at 4:30pm **Return:** Saturday by 3pm

Mode of transportation to and from event: Kennedy Catholic School Bus

Cost: 0 (funded by school)

I, (parent/ guardian) _____, grant permission for my child, (child's name) _____, to participate in this school sponsored event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from Kennedy Catholic High School. As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend Kennedy Catholic High School, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, accosts, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medial treatment in connection therewith, and I agree to compensate the school, its

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officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, Chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

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.

Emergency Medical Treatment:

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

Name: _____

Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family health plan carrier: _____ Policy # _____

Signature: _____ Date: _____

Please read and check the appropriate spaces below:

- _____ In the event it comes to the attention of the school, its officers, directors and agents and the Seattle Archdiocese, chaperones, or representatives associated with the event that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.
- _____ 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
- _____ I hereby grant permission for non-prescription medication such as Advil, throat lozenges, cough syrup, to be given to my child, if deemed appropriate.
- _____ My child is taking medication at present. My child will bring all such medications necessary in well-labeled containers and turn them in to adult leaders. Names of medications and concise directions for seeing that the child takes the medication, including dosage and frequency of dosage are as follows:

Signature: _____ Date: _____

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

- Allergic reactions (medications, foods, plants, insects, etc.)

- Please state any special dietary needs. Examples: lactose intolerant or vegetarian

- Any physical limitations or activities in which your child should not participate?

- Any medical conditions or non-medical circumstances about your child of which we should be know?

- Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? If so, date and disease or condition
