

**ST. HUBERT CATHOLIC COMMUNITY  
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 agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I understand that, should a medical emergency arise, every effort will be made to contact me before such treatment is given. I wish to be advised prior to any further treatment by the hospital or doctor.

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

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

**Other Medical Treatment**

In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, coaches, 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 charge reversed to myself).

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

**Medications**

*Please select all that apply:*

My child is *not* taking any medication at present.

My child is taking medication at present. Please list all medications and dosage:

\_\_\_\_\_

My child will need to take medications during the Quest retreat. (Contact Sara for additional form.)

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

*Please select only one of the following:*

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

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

**Specific Medical Information**

*The parish will take reasonable care to see that the following information will be held in confidence.*

Allergic reactions (meds, foods, plants, insects, etc): \_\_\_\_\_

Date of last tetanus/diphtheria immunization: \_\_\_\_\_

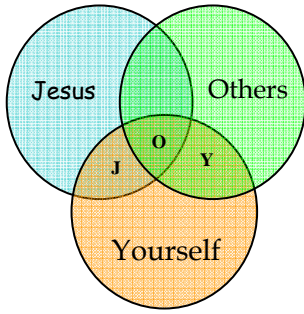
Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, flu, H1N1, etc? If so, date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

# St. Hubert Catholic Community Permission Form



## Quest Retreat



Open to 7<sup>th</sup> and 8<sup>th</sup> graders  
 6:00 p.m. Friday, March 19 to 6:00 p.m. Saturday, March 20

Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_  
 City/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Email address \_\_\_\_\_

Please complete both sides of this form and return to Sara Svenby in the parish office. Forms need to be turned in with \$20 registration fee by Friday, March 12.

Any parents that are interested in helping at the retreat, please contact Sara Svenby ([sara.svenby@sthubert.org](mailto:sara.svenby@sthubert.org) or 952-374-5068). We need adults that can be chaperones during the retreat. We also need people that are able to come in to help prepare meals. We can also use high school students as small group leaders!

Emergency Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Emergency Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### AUTHORIZATION MUST BE SIGNED BY BOTH THE PARENT/GUARDIAN AND THE YOUTH!!

My son/daughter has permission to participate in the St. Hubert Quest retreat. I understand such an event does involve some element of risk incidental to such participation, and I do release and hold harmless the Archdiocese of St. Paul/Minneapolis, St. Hubert Catholic Community, their employees, chaperones, leaders, or drivers except for their negligence. Neither the Archdiocese, St. Hubert Catholic Community, nor any said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity. In the event of an emergency, I hereby authorize emergency treatment to be administered.

I also understand that if my son/daughter exhibits behaviors outside the guidelines set by the leaders that appropriate disciplinary action will be taken. Including and up to me being called and required to pick up my son/daughter early from this event.

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

I authorize and consent that St. Hubert Catholic Community be permitted to use and publish for advertising, commercial or public purposes the likeness of my son/daughter for any lawful purpose whatsoever, including electronic media and internet websites. I understand that my child's name will not be used in connection with the picture. I hereby release St. Hubert Catholic Community from any liability in connection with such use.

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

As a participant, I will treat all other persons and their property with respect and follow all instructions of teen leaders and adult chaperones.

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