

# Cosmic Bowling 2012 Permission Slip

Participant's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Gender: \_M\_F Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Date of Event/Field Trip:** Sunday, February 26<sup>th</sup>, 2012

**Type of Field Trip:** Cosmic Bowling

**Destination:** River City Extreme Monticello, MN

**Individual(s)/Teacher(s) in Charge:** Michelle Davis & Adult Volunteer(s)

**Time of Departure: (St. Boni) 3:30pm (ICC) 4pm -Return: (ICC) 8:30pm (St. Boni) 8:45pm**

**Mode of Transportation To & From Event:** Bus/Carpool

**Student Cost:** \$20 (Includes transportation, 1 slice of Pizza & Pop, 2 hrs cosmic bowling & 10 arcade tokens)

\*(Optional) Bring extra \$\$ for additional food/snacks/tokens

**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 #** \_\_\_\_\_

**Family Doctor** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

I, \_\_\_\_\_, **GIVE PERMISSION FOR** \_\_\_\_\_

**Parent or Guardian Name**

**Participant's Name**

TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT: I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school from any claims or law suits brought 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/school in defense of such a claim/suit. I agree to drop my child off at the departure location at least 15 minutes prior to departure and to provide transportation home at my expense. I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the **Code of Conduct** provided by St. Boniface/Immaculate Conception while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

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

# CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing St. Boniface and Immaculate Conception Catholic Churches. In this event sponsored by St. Boniface and Immaculate Conception Catholic Churches On Sunday, February 26th, 2012  
***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, alcohol or any controlled illegal substance

\*I agree that if any of these terms are violated, St. Boniface/Immaculate Conception can send the participant home at the participant/guardian's expense.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**(OPTIONAL) 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.)*

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

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:** St. Boniface/Immaculate Conception will take reasonable care to see that the following information will be held in confidence.

**Allergic reactions** (medications, foods, plants, insects, etc.): \_\_\_\_\_

**Immunizations:** 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, etc.? If so, date and disease or condition: \_\_\_\_\_

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

\_\_\_\_\_