



Holy Apostles
CATHOLIC PARISH AND SCHOOL

All Middle School youth are invited to the National Evangelization Team (NET) Middle School Retreat!

The NET team is a group of young Catholic adults from all over the country who volunteer a year of their lives to share their faith with other young people. Hosted by St. Elizabeth Ann Seton Parish, this retreat is sure to impact your faith life through skits, games, drama, mass and prayer. Visit www.netusa.org for more information about NET.

When: SUNDAY, January 27, 2019

TIME: 9:00 am – 2:00 pm

COST: \$20 -Includes retreat costs and lunch

Where: St. Elizabeth Ann Seton Parish

RSVP Deadline: Sunday, January 13, 2019

Please Bring: Gr.7: Snack or 2 liter of Soda - Gr. 8: Desert

The NET Retreat is open to all 7th and 8th graders of the parish. If your teen has a friend who wants to come who is not a part of our parish, **THEY ARE WELCOME!!**

Students who are enrolled in our Formation program should return the attached permission form to rsvp. NO payment is due as the cost is included in your formation registration fee.

Students who are not in our program but wish to attend can sign up by sending \$20 along with the completed permission form to the office of Youth Ministry at Holy Apostles Before Sunday, January 13, 2019.

We are also in need of adults who are willing to help serve and clean up dinner at the NET Retreat. If you are available, please mark the permission slip and you will receive a call or an email with further details. If you have any questions, please let me know!

Rachel Madden

Mission Director: Youth

(262)786-2035 rmadden@hanb.org



PARENT/GUARDIAN PERMISSION SLIP FOR EXTENDED DAY/OVERNIGHT FIELD TRIP

NAME OF STUDENT:	
NAME OF PARENT/GUARDIAN:	PHONE:
NAME OF PARENT/GUARDIAN:	PHONE:

TRIP INFORMATION

PARISH/SCHOOL: Holy Apostles	DATE(S) OF TRIP: Sunday, January 27, 2019
DESIGNATED TEACHER/SUPERVISOR: Rachel Madden	PHONE: 262-786-2035
DESTINATION: St. Elizabeth Ann Seton Parish - 12700 West Howard Avenue New Berlin WI 53151	
ACTIVITIES: (A SEPARATE DETAILED ITINERARY AND PARENT CONSENT MUST BE PROVIDED FOR HIGH RISK ACTIVITIES.) NET Retreat	
MODE OF TRANSPORTATION TO AND FROM EVENT: Parent Provided Transportation to and from event	
DEPARTURE DATE/TIME: 9:00am	RETURN DATE/TIME: 2:00pm
STUDENT COST (IF APPLICABLE): \$20	RETURN FORM BY: January 13, 2019
ITEMS STUDENTS SHOULD BRING (IF ANY): 7th Grade: Snack or 2 liter Soda to share or 8th Grade: dessert to share	

Parent Consent to Participate and Indemnity Agreement:

In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

I have read the information above and give consent for my child to participate in all aspects of this field trip:

PARENT/GUARDIAN SIGNATURE:	DATE:
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YES, I AM AVAILABLE TO CHAPERONE. I CAN BE REACHED AT

PAGE TWO: EXTENDED DAY/OVERNIGHT FIELD TRIP MEDICAL RELEASE:

Emergency Medical Treatment: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

If you are unable to reach a parent/guardian at the above numbers, contact:

ALTERNATE CONTACT NAME:		PHONE:
PHYSICIAN'S NAME:		PHONE:
NAME OF MEDICAL INSURANCE:	POLICY #:	
PERTINENT MEDICAL CONDITIONS, INCLUDING ALLERGIES AND SPECIAL DIETARY NEEDS:		

Other Medical Treatment: In the event that the child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, do you grant permission for supervisors to give your child non-prescription medication, such as acetaminophen, throat lozenges, cough syrup, or antacid?

Yes No, I wish to be contacted first.

Medications: List all medications, prescription and over-the-counter, that the student currently takes at home and during the school day. Include all as-needed and emergency medications. Medications not authorized for self-carry must be in original container and given to the designated supervisor.

MEDICATION:	DOSAGE:	ROUTE: HOW GIVEN:	FREQUENCY:	START DATE:	STOP DATE:	SIDE EFFECTS:
1.						
2.						
3.						

MEDICAL PROVIDER CONSENT: REQUIRED FOR PRESCRIPTION MEDICATIONS LISTED ABOVE.

I Authorize the School/Parish to Give the Above Prescription Medication(S) to this Student.	
PRINT MEDICAL PROVIDER NAME:	PHONE:
MEDICAL PROVIDER SIGNATURE:	DATE:
Inhaler and Epi-Pen Only: This student and his/her parents have been instructed in self-administration and the student may carry an inhaler or Epi-Pen and self-administer. Yes <input type="checkbox"/> No <input type="checkbox"/>	

PARENT CONSENT FOR MEDICAL TREATMENT AND ADMINISTRATION OF MEDICATION

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. I give the school/parish permission for emergency and other medical treatment, including the administration of the above prescription and non-prescription medication(s).	
PARENT/GUARDIAN SIGNATURE:	DATE:
Inhaler/Epi-Pen Only: My child may <input type="checkbox"/> or may not <input type="checkbox"/> carry and self-administer.	