

**St. Peter's Catholic Church Junior High Connection Ski Trip
Parental Consent Form**

EMERGENCY MEDICAL TREATMENT:

My son/daughter, _____, hereby has my (parent/guardian) _____ consent, to receive any emergency medical treatment deemed necessary by a licensed physician.

I understand that if an emergency should arise, you will try to contact me, but if I am unable to be reached, I consent to your taking whatever emergency steps are necessary to safeguard the health and welfare of my child. It is understood that the aforementioned medical treatment shall be made at my expense.

My son/daughter has the following allergies: _____

My son/daughter is on the following medications: _____

I also give permission for the responsible adult to give aspirin, Tylenol (acetaminophen), or Advil (ibuprofen) if the need arises.

Please check your preference(s): ___Aspirin ___Tylenol (acetaminophen) ___Advil (ibuprofen)

Date: _____

Signature: _____
(Parent/ Legal Guardian)

Home Phone: (_____) _____

Health Insurance Co.: _____

Work Phone: (_____) _____

Policy No: _____

Alternate Contact Person: _____ Phone No.: (_____) _____

I, _____, hereby give permission to my son/daughter, _____, to ride with the St. Peter's Junior High Connection sponsored trip. I also waive all right to recover from the St. Peter's Junior High Connection Program, the parish, or those associated with it, any and all medical expenses and related costs due to injury to my child on the trip.

- I would like to help chaperone the trip (first 9 chaperones are paid for, 4 spots filled already).
- I can help with setting up for breakfast after Mass for the students and donate food. Jeremy will contact you with details but we are looking for doughnuts/bagels and cream cheese/fruit bars.
- My son/daughter would like to snowboard rather than ski (no extra charge).
- My son/daughter is a first time skier/boarder (Intro to skiing/boarding required, \$5 extra).
- I would like my son/daughter to wear a helmet (\$3 charge).
- I would like to request financial assistance for my son/daughter to participate.
- I have enclosed a check made payable to St. Peter's for \$90.00 (no refunds after Jan 14th)

SIGN UP DEADLINE IS WED JAN 18TH

Date: _____

Signature _____
(Parent/ Legal Guardian)