

Kairos Retreat 2016

Parents:

Your son/daughter is invited to participate in the Kairos retreat program. The word "KAIROS" means the Lord's time. It is a retreat time that extends from 3:30 on Wednesday February 3th through about 4:00pm the following Saturday, February 6th. The time will be spent at Columbiere Retreat Center in Clarkston MI. Bus service provided.

During the Lord's time a team of student and faculty members will give talk, lead discussions, and celebrate Eucharist with the retreatants. Therefore, the retreatant must come with the basic desire to listen, and participate. Understanding that, this application is an invitation and should not place pressure on anyone to attend. Participation is in no way required. Please consider whether or not your daughter/son can afford to be away from classes at this time.

Applications will be accepted until Friday December 4th.

PARENTS' PERMISSION.....

I hereby give my son/daughter _____ permission to participate in the Kairos retreat, and make use of the transportation provided by Shrine High School.

Parents' signature _____

I wish to attend the Kairos retreat to be held at Columbiere Retreat Center in Clarkston, MI beginning Wednesday, February 3rd 2016 through Saturday February 6th, 2016.

I understand that this reservation form must be returned to Ms. Mazanka as soon as possible, and no later than December 4, 2015, along with a \$100.00 NON-REFUNDABLE deposit (alternate plans are available upon request).

Remaining payment of \$150.00 must be made by Friday January 8th, 2016.

TOTAL cost is \$250.00. **This year we will be accepting payments online through the same service that is used to pay for lunches.**

Name _____

Address _____

City _____ zip _____

Telephone _____

In case of emergency: _____

Father's work phone _____ cell phone _____

Mother's work phone _____ cell phone _____

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from SHRINE School and/or Parish.

Name of Event: KAIROS RETREAT

Destination: COLOMBIERE CENTER CLARKSTON MI

Designated Supervisor of Activity: MS NAZANKA & MR REECE

Date and Time of Departure: Feb. 3, 3:15pm / Feb. 6 4pm

Method of Transportation: BUS

Student Cost: \$250

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*****STATEMENT OF CONSENT*****

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release _____ School and/or Parish, the Roman Catholic (Arch)diocese of _____, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

(Print Parent's Name)

(Parent's Signature)

(Date)

Please return this entire form by: _____ to _____
(Date) (Person)

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: _____

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____

Signed: _____
(Parent or Guardian)

RELEASE FOR DISPENSING OF MEDICATION

We, the undersigned parent and/or guardian of:

_____ Born _____ / _____ / _____
(Student's Name) (Grade/Room #) Mo Day Yr

do hereby sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

NAME OF MEDICATION: _____

DOSE: _____

TIME TO BE GIVEN: _____

DURATION: _____

ATTACH DOCTOR'S NOTE REGARDING ADMINISTRATION OF MEDICATION

Check here, and attach emergency care plan, if this release is for a metered dose asthma inhaler or epinephrine auto-injector, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the inhaler or epinephrine auto-injector possession and use by students as permitted in Public Act 10 – Revised School Code.

(Doctor's Signature) (Please Print Name) (Date)

()
(Phone Number)

We hereby waive any liability whatever to the school or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN _____
(Signature)

(Print Name)

DATE _____