

Steubenville Youth Conference 2022!



*"I have told you this so that you might have peace in me. In the world you will have trouble, but take courage, I have conquered the world." – John
16:33 NABRE*

Join us this summer for a Catholic Youth Conference at the Franciscan University of Steubenville in Steubenville, OH! It will be a weekend full of growing in your faith, Adoration, and workshops all about our beautiful Catholic faith!

July 8th-10th, 2022

Signup Deadline is March 27th!!!

Cost: \$50, if cost is an issue please talk to a leader, we can work it out and definitely want you to come!

Important Dates

March 20th - 2p-3p Steubenville Parent Session in the Youth Center

March 27th- Steubenville Signup Deadline!!!!

July 6th Steubenville Holy Hour 6:30p-8p in the Church

July 8-10th 2022 Steubenville Weekend

July 11th Godstories 6:30p-8:30p at FROG

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION
Steubenville Conference 2022!

Dear Parent or Legal Guardian:

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

Name of Event: **Steubenville Catholic Youth Conference 2022**

Destination: **Franciscan University of Steubenville - 1235 University Blvd, Steubenville, OH 43952**

Designated Supervisor of Activity: **Lauren Corbat (586-604-4435)**

Date and Time of Event: **July 8th-10th, 2022**

Method of Transportation: **We will drive together, meet in St. Malachy parking lot (time TBA)**

Attendee Cost: **\$50, if cost is an issue please talk to a leader. We want everyone to come!**

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. Name of event: _____. I
understand that this event will take
place away from the parish grounds and that my child will be under the supervision
of the designated 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 St Malachy Parish, the Roman Catholic Archdiocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releases"), 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 Releases 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 capital release or capital

indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

During this activity, I can be reached at ()

or()

Print Parent's Name

Parent's Signature

Date

MEDICAL TREATMENT RELEASE FORM 2021-2022

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): _____ Emergency Contact Person: _____

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)

PSI/MedRel/05-94
HAPS-March 2004

In the event that medication needs to be dispensed, the *Release for Dispensing of Medication* form on the back needs to be completed.

(If applicable)

OVER

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 EMERGENCY CARE PLAN AND ADMINISTRATION OF MEDICATION.

Check here, if this release is for a metered dose asthma inhaler, insulin pump 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, insulin pump 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 _____

OVER