



Quo Vadis Camp 2018 Permission Slip

(Please complete both front and back.)

Event	Quo Vadis Camp 2018
Location	Mount Saint Mary's Seminary, Emmitsburg, MD
Date	Sunday, July 15 – Wednesday, July 18
Transportation	Bus transportation is available for an additional \$10.
Cost	\$115 (Pay by credit card when registering, or mail check to address below within two weeks of registering, or request scholarship if necessary.)
Submit permission slip upon registration	Fax: 202-636-9025 Email: yaot@adw.org Mail: <i>Quo Vadis Excursion</i> , St. John Paul II Seminary, 145 Taylor Street NE, Washington, DC 20017

Participant's name: _____

Participant's date of birth: ____/____/____ Participant's email: _____

Home address: _____

Parent/Guardian's name: _____

Parent/Guardian's email: _____

Home phone: _____ Cell phone: _____

I, _____, grant permission for my child,
(Parent/Guardian's name)

_____, to participate in this archdiocesan event to
(Participant's Name)

be held at St. John Paul II Seminary. This activity will take place under the guidance and direction of priests, seminarians, employees, and/or volunteers of the Archdiocese of Washington.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Washington, its officers, directors, employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Archdiocese of Washington, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the archdiocese.

Furthermore, I agree that my child's picture may be used to promote other vocations events through flyers, brochure, and the DC Priest website and Facebook page.

Parent/Guardian's signature: _____

Date

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.

1. Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____

Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

2. Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, please call me at the numbers provided.

Signature: _____ Date: _____

(Sign if you agree with the above statement.)

3a. 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 as follows:

Signature: _____ Date: _____

(Please sign either 3b or 3c.)

3b. I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, Benadryl, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

3c. No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

4. Specific Medical Information: The parish/office 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? _____

Any other special needs or medical conditions: _____

Signature: _____ Date: _____