

On-site Nonprescription Medication Permission - I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child in the event a condition arises after my child is already in attendance at the on site program. **Yes** **No**

Item C - Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence. Check/explain all that are applicable to this student/participant.

- Allergic reactions (medications, foods, plants, insects, etc.): _____
- Utilizes asthma or airway constricting prescription medication (if yes, additional form needed) _____
- Has a medically prescribed diet? _____
- Any physical limitations? _____
- You should be aware of these special medical conditions of my child: _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Off-site/Field Trip Permission Form

Section 1 - By signing this section, I (parent/guardian) certify that I request and give my permission for _____ (name of student) to attend this event.

Parent/Guardian Signature: _____ Date: _____

Please return this permission slip by Wed. April 22nd to your parish youth minister or to the Mazzuchelli office.

Supervisor's Signature _____

(Coordinator/Director of RE, Youth Coordinator/Director)

Administration of Medication - Archdiocesan Board of Education Policy 5141, items 9-10.

9. Dispensing of prescription medication

2. For all other youth programs - Dispensing of prescription medication will be self-administered by the child if a written consent of parent(s)/guardian(s) accompanies the prescription medication and the following terms are followed. The prescription medication is provided in the original labeled container containing the physician's name, name of the medication, and dosage/frequency to be given; the prescription medication is turned into the event supervisor who will hold all medication until the child/youth requests the medication for self-administration, the prescription medication is self-administered in the presence of the adult supervisor and for only the dosage stated on the prescription label.

3. *Students utilizing asthma or airway constricting prescription medication are allowed to administer their own dosage provided a completed consent form is attached to this form.*

4. Contraceptives will not be dispensed. Iowa Code §280.16

10. Dispensing of nonprescription medication may occur, provided the parent/guardian have signed and dated an authorization identifying medication, dosage, and time interval to be administered. Nonprescription medications can be provided on off-site field trips if the parent/guardian signs a nonprescription medication authorization for each off-site field trip.

Middle School Serve 'N Cinema Sunday, April 26, 2015



Come join middle school youth from the Dubuque area

For Mass, pizza, service and a movie.

BRING A FRIEND!

Open to students currently in grades 6th-8th!

Sign-up by Wednesday, April 22nd

Sponsored by Dubuque Area Youth Ministry

Serve 'N' Cinema Details

When: Sunday, April 26, 2015 from 11AM to 5:00 PM

Where: 11:00 AM to 12:45 PM- Mass & Lunch @ Sacred Heart
1:00 PM to 2:30 PM- BINGO @ Eccumenical Towers & Assisi Village at Stonehill Franciscan Services
3:00 PM to 5:00 PM- Movie at St. Joseph the Worker

Cost: \$10 (\$5/Person for lunch & \$5 donation for BINGO prizes)
CASH OR CHECK PAYABLE TO YOUR PARISH

Bring: A snack to share for the movie & \$5 worth of BINGO prizes (tissue packs, granola bars, fresh fruit, full size candy bars, little bags of treats, chapstick, cookies, lotion, puzzle books, etc)

Arrive: at Sacred Heart at 10:45 AM for Mass, we will all sit together

Pick up: at 5:00 PM at St. Joseph the Worker

- Adult drivers needed to take students to work sites & movie
- Wear comfortable clothing!
- Registration Deadline is Wednesday, April 22, 2015

Detach and return the form to the right & the \$5 fee to the youth ministry coordinator listed below from your parish or to the Mazzuchelli office. Save this half of the form for your information.

Cathedral/St. Patrick - Jean Leute 582-7646

Holy Spirit Parish - Kris Egan 583-1709

Resurrection - Angela Thomas 556-7511

St. Anthony - Dave McDermott 582-0377

St. Joseph in Key West - Linda Frommelt 583-2120

St. Joseph the Worker/St. Columbkille - Marcy Mueller 588-1433

Mazzuchelli School - Sharon Wulfekuhle-Hefel

**If your parish is not listed, you are welcome to join us.
Anyone above will accept your permission form.**

Annual Consent Form & Liability Wavier For Event: "Serve 'N Cinema" Grades 6th - 8th

Section 1 - Contact Information:

Student Name: _____ **Student Cell #:** _____

Birthdate: _____ **Gender:** Female Male **Parish:** _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone#: _____ **Cell Phone#:** _____

Section 2 - Off-site/Field Trip Consent Form and Liability Waiver

I, _____, (Parent or Guardian's Name) grant permission for my child, _____ (Name of Child) to participate in parish events this year that may require transportation to a location away from the school/parish site. The activities will take place under the guidance and direction of parish employees and/or volunteers of *Dubuque Area Catholic Parishes*. 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, its officers, directors of *Dubuque Area Catholic Parishes* and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the events, arising from or in connection with my child attending the events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the events for reasonable attorney's fees and expenses which they may incur in any action I/we may bring against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Archdiocese of Dubuque.

Signature: _____ **Date:** _____

Section 3 - Specific 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.

Item A - 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:

Emergency Contact Name & Relationship: _____

Home Phone: _____ **Cell Phone:** _____

Family Doctor: _____ **Phone#:** _____

Family Health Plan Carrier: _____ **Policy #:** _____

Item B - Other Medical Treatment: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of Dubuque, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as vomiting, sore throat, fever, diarrhea, I want to be notified. Yes No

If Yes, Please call: _____