



# NET LIFELINE

**Return this form by Wednesday, October 30, 2019!**

**Place it in an envelope marked “Lifeline” in the collection at one of the Area Catholic Community Churches (ACC) or drop it off at any ACC parish office.**

**Cost \$6 bus; \$11 Ticket**

**In order to assure your spot on the bus,**

**You need to be signed up by Wednesday, October 30, 2019.**

**After October 30th, extra bus seats will be offered to other churches.**

## **Parental/Guardian Consent Form and Liability Waiver Requirement of the Diocese of St. Cloud**

Participant’s Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female (circle one)

Parent/Guardian’s name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell/Business phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to participate in this parish event that requires transportation to a location away from the parish site. Transportation to this activity will take place under the guidance and direction of parish volunteers from St. Mary’s Parish, Milaca, MN, and St. Louis Parish, Foreston, MN.

Yes, I, \_\_\_\_\_, will chaperone this event. Cost: \$6 Bus; \$11 Ticket

A brief description of the activity follows:

Type of event:	NET Lifeline
Date:	November 2, 2019
Time:	Begins at 6:00 p.m. - Ends at 9:30 p.m.
Destination:	NET Retreat Center in West St. Paul, MN
Individuals in charge:	Volunteers from St. Kathryn, St Mary’s Milaca and Mora and St. Louis Parishes
Estimated departure time:	<b>2:30 p.m. Saturday, November 2, 2019, from St. Mary's, Milaca</b>
Estimated return:	<b>11:15 p.m. Saturday, November 2, 2019, to St. Mary’s, Milaca</b>
Mode of transportation to and from event:	North Central Transportation (school bus)

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor. Appropriate behavior is expected of my child while on this event and I understand if inappropriate behavior occurs, my child will be removed from the activity and I will be called to determine further action.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Mary's Church of Milaca, MN, and St. Louis Bertrand Church, Foreston, MN, their officers, directors, employees and agents, and the Diocese of St. Cloud, MN, its employees and agents, chaperones, 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 parish, it's officers, directors and agents, and the Diocese of St. Cloud, MN it's employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/diocese.

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. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**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 Care Plan Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the chaperones that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges being reversed to myself.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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: \_\_\_\_\_

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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: \_\_\_\_\_

**-OR-**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Listed below or on the back are medical concerns for my child regarding this activity: