

Item C - Specific Medical Information—Continued : 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.

Utilizes asthma or airway constricting prescription medication (if yes, additional form needed)

Any physical limitations? _____

You should be aware of these special medical conditions of my child:

Has a medically prescribed diet? _____

Date of last tetanus/diphtheria immunization: _____

On-site Non-Prescription 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**

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

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

9. Dispensing of prescription medication

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. Non-prescription medications can be provided on off-site field trips if the parent/guardian signs a non-prescription medication authorization for each off-site field trip.

PLEASE COMPLETE BOTH SIDES OF THIS FORM! THANK YOU!

This is the only permission slip that will be accepted for this event.

2016 Serve and Slide

Open to all Middle and High School Youth

Sponsored by

Dubuque Area Youth Ministers



Serve Event

Thursday, July 7th

Dubuque Rescue Mission

398 Main Street

9:00 am—Noon — Middle School Students

1:00 pm—4:00 pm — High School Students

Slide Event

Friday, July 8th

Noah's Ark—Wisconsin Dells, WI

7:00 am departure from

Resurrection Church's Lower Parking Lot

4300 Asbury Road — Dubuque, IA

9:00 pm return to Resurrection

2016 SERVE & SLIDE DETAILS

DATE: THURSDAY & FRIDAY, JULY 7TH—8TH

LOCATION: SERVE DAY — DUBUQUE RESCUE MISSION —
THURSDAY, JULY 7TH

MIDDLE SCHOOL — 9:00 AM TO NOON
HIGH SCHOOL — 1:00 PM TO 4:00 PM

SLIDE DAY — NOAH'S ARK WATER PARK
@ WISCONSIN DELLS, WI
FRIDAY, JULY 8TH

Important Information

Invite a friend!

Please bring to Thursday's service day:

- ⇒ Outdoor work/gardening gloves, if needed.
- ⇒ Sack lunch with a drink
- ⇒ Water bottle

For Friday's slide day:

- ⇒ Please wear comfortable clothing. Due to lack of shade, plan to bring an extra t-shirt to use as a cover-up;
- ⇒ Additionally, plan to bring water shoes as cement is hot and to prevent cuts.
- ⇒ **Modest swimwear for girls** — One-piece or tankini bathing suits preferred.
- ⇒ Bring a towel, sunscreen and money for lunch, dinner and/or concession snacks/beverages throughout the day.
- ⇒ **OUTSIDE FOOD/BEVERAGES/COOLERS ARE NOT PERMITTED.**

Parents are always welcome to join us!

*Please save for your
information/reference*

Person in Charge: Parish Youth Ministry Coordinators Grades: 6-12

Event and Purpose: Service and social event to engage area Catholic youth.

Date(s) of Event: 7/8/2016 **Departure Time/Location:** 7:00 am—Resurrection Lower Parking Lot — 4300 Asbury Rd., Dubuque

Time of Return: 9:00pm — Resurrection Lower Parking Lot

Event Cost: \$45.00/person; Make checks payable to your parish. Plan to bring money for concessions/snacks.

Form of transportation: Individuals are responsible for own transportation to and from Resurrection Church's lower parking lot. As a group, we are traveling with Tri State Travel.



Off-Site/Field Trip Permission Form

School/Parish/Program Name: Dubuque Area Youth Ministers
Middle/High School Summer Serve & Slide

Person in Charge: Parish Youth Ministry Coordinators Grades: 6-12

Event and Purpose: Service and social event to engage area Catholic youth

Date(s) of Event:

Serve Event at Dubuque Rescue Mission, 398 Main Street, Dubuque: 7/7/2016, 9:00 am—Noon (middle school); 1:00-4:00 pm (high school)

Slide Event: 7/8/2016 **Departure Time/Location:** 7:00 am—Resurrection Church Lower Parking Lot

Time of Return: 9:00pm **Cost of the Event:** \$45.00/person

Form of transportation: Individuals are responsible for own transportation to and from Resurrection Church lower parking lot. As a group, we are traveling with Tri State Travel.

Section 1 - By signing this section, I (parent/guardian) certify that I request and give my permission for _____ (student/participant) to attend this event. Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

Parent/Guardian Signature: _____

Parent Email in case of cancelation _____

Date: _____ **Contact Phone number(s)** _____

Please return this permission slip and payment to your parish youth minister by Friday, July 1st, 2016. Please make checks payable to your parish.

Supervisor's Signature _____

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

Section 2 - Non-Prescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (i.e. ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature: _____ **Date:** _____

Section 3 - Please list any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability-Waiver*. _____

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

On-site Nonprescription Medication Permission - I hereby grant permission for non-prescription 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, please request this special form.)

Please complete the back side of this form.

THANK YOU!