



Winter Retreat 2012 Permission Slip

Teen's Name: _____ Male | Female
Teen's Date of Birth: ____/____/____ Home Phone #: (____) ____-____
Street Address: _____ Apt. #: _____
City: _____ Zip Code: _____ E-Mail: _____

MEDICAL INSURANCE INFORMATION: *(please print)*

Name of Insurance Company: _____
Insurance ID Number (group number): _____
My insurance carrier requires approval of treatment by assigned facility: Yes | No
If yes, please contact: _____ at (____) ____-____

HEALTH: *(please print)*

Date of most recent Physical Exam: ____/____/____ Physician or Clinic: _____
Address: _____ Phone #: (____) ____-____
Teen is in general good health and am able to participate in all activities involved in this retreat: Yes | No
If no, please specify: _____

MEDICATIONS:

My Son/Daughter Takes Medication: Yes | No (if yes, please print medication information below)
Medication Name: _____ Dosage: _____
Frequency Given: _____ Other Information: _____

ALLERGIES:

None | Hay Fever | Asthma | Poison Ivy | Sulfa | Nuts | Convulsions | Penicillin |
Bee Sting | Other(s) *(If other)* Please Specify _____

Teen's Name (please print): _____ Event: _____

DIETARY NEEDS:

Yes | No If yes, please list: _____

MEDICAL CONDITIONS (PAST/PRESENT/HISTORY OF), OPERATIONS OR SERIOUS INJURIES:

None | Yes Please Specify _____

Date(s): _____

IN CASE OF AN EMERGENCY, CONTACT:

Emergency Contact 1 (MUST be a parent/guardian):

Name of nearest relative: _____ Relationship: _____

Home Phone #: (_____) _____ - _____ Cell Phone #: (_____) _____ - _____

Address: _____ City: _____ Zip Code: _____

E-Mail Address: _____

Emergency Contact 2

Name: _____ Relationship: _____

Daytime Phone #: (_____) _____ - _____ Evening Phone #: (_____) _____ - _____

Address: _____ City: _____ Zip Code: _____

I/We, the undersigned, parent(s) of _____ a minor, do hereby authorize as agent(s) Life Teen Core Members for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act of the medical staff of any licensed hospital whether such diagnosis of treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our for said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I agree that in the event my child is injured as a result of his/her participation in this event, including transportation to and from such activity through the negligence (active or passive) of Blessed Kateri Parish, or any of any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital, medical insurance, or any available benefit plan of mine or my spouse.

I also, give my child permission to self-medicate except for medications which are listed on the back of this form. I understand that any medications so listed will be dispensed by the Director of First Aid for the event.

Through the course of the event, we would like to capture those "Kodak Moments" for all of us to enjoy. By signing this permission slip, you hereby give permission for the LifeTeen Core Team to take photographs and/or videos of your son/daughter. These photographs/videos will be used for retreat and LifeTeen purpose ONLY.

PARENT/GUARDIAN SIGNATURE:

Retreat Cost is \$135.00 per teen.

By signing this permission slip, I/We hereby agree to everything listed above. This authorization shall remain effective for the course of the event, January 6th, 2012 through January 8th, 2012 at St. Andrews Abbey in Valyearmo, CA.

Signature of Parent/Guardian: _____ Date: _____

Printed name of Parent/Guardian: _____



Winter Retreat 2012 Parent/Teen Information

CHECK IN/DEPARTURE INFORMATION:

- Check-ins are on **Friday January 6th, 2011** at **5:00 pm**. (*The Bus leaves at 6:00pm sharp*)
- Medication needs to be checked-in with the LifeTeen Core at Check-in. Please label all medication with teen's name, dosage and frequency and place in a plastic bag or envelope.

RETURN TO BLESSED KATERI:

- Busses will return at **2:00 pm** on **Sunday January 8th, 2011**.
- Please allow about 1 hour for a closing session upon return. Parents, we strongly recommend that you and your families attend this closing session. It will include a summary of the retreat and sharing from some of your teens on their experiences over the course of the weekend.

RECOMMENDED PACKING LIST FOR TEENS:

- Clothes for three days (*that can be worn in layers*) - it will be cold
 - ✓ Extra socks
- Sweatshirt / Jacket - it will be cold in the day and **colder** at night
- Shoes (2-pairs) / Shower Sandals (Slippers)
- Sleeping Bag and Pillow
- Toiletries - including toothbrush, toothpaste, shampoo, soap, deodorant, etc.
- **Towel** - teens always forget this item!
- Rosary and Bible (if you own one)

ITEMS NOT TO BRING:

- **Cell phones**
- **Ipods, mp3** players or any **other music** playing device.
- Any other type of electronic device!
- **FOOD** - Food is not allowed as it is attractive to wildlife invading the cabins. Note that this rule has been set down by the Saint Andrews Abbey Retreat Center, not BK LifeTeen
- **PLEASE NOTE ANY ITEMS LISTED ABOVE WILL BE TAKEN AND HELD FOR THE WEEKEND. Cell phones and ipods** have become a **REAL** distraction during sessions on the last several retreats. We will return them upon arrival to Blessed Kateri.

IMPORTANT PARENT INFORMATION:

- We are asking that your teens leave their cell phones at home, as they have become a distraction in the past. Four core members will be bringing their phones for **EMERGENCIES ONLY**. We will have our phones through the course of the retreat except during session, when they will be off. We will check voicemail immediately following the session. These phone numbers are as follows:

Kelly Dunnahoo: (661) 755-2884 until 6:00 pm on Saturday
Maureen Dunnahoo: (661) 993-3929 from 7 am on Saturday

Randy Johanson: (661) 755-4932
Alex Eugenio: (818) 926-9012