

**Item B - Other Medical Treatment:** In the event it comes to the attention of the parish, 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:** \_\_\_\_\_

**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
- Has a medically prescribed diet? \_\_\_\_\_
- Any physical limitations? \_\_\_\_\_
- You should be aware of these special medical conditions of my child: \_\_\_\_\_

Would you be able to volunteer to drive?

\_\_\_\_\_ **Yes\*** I will be able to drive and accommodate \_\_\_ **students** (a seat belt is required for each student and no child is to be seated in the front seat of a car equipped with a passenger side airbag, unless old enough according to manufacturer's recommended age.)  
\*Drivers will be notified after all slips are returned.

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.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this permission slip by: **August 9 (final deadline) to your parish YM**

**PLEASE COMPLETE BOTH SIDES OF THIS FORM!**

### **COVID-19 Response**

We will wear masks while in transit to Lost Island Waterpark. We will provide hand sanitizer in our vehicles and at the waterpark. We will maintain social distancing at the service site and waterpark. As leaders, we will self screen the morning of the event by checking for symptoms and taking our temperature. We ask that families self screen before sending their teens. We believe that taking these precautions will help make this event as safe as possible.



## **High School Students!**

Join us for some summer fun

**August 10-11, 2021**

Spend a day  
doing service work in Dubuque  
and the next day at



**Water Park in Waterloo!**

*Parent chaperones and drivers needed!*

# ABOUT SERVE AND SLIDE

## Tuesday, August 10: Service Site St. Vincent De Paul

- Drop off will be at 10:00 am at St. Vincent De Paul 4990 Radford Ct, Dubuque IA 52002. We will spend the day helping to restock the store and unload the donations truck. We will head home around 2:00pm.

## Wednesday, August 11: Lost Island Water Park in Waterloo

- drop off at 9:00 am at the Resurrection lower parking lot. Parent volunteers will drive to Lost Island. Pick up at Resurrection at 8:00 pm

## Cost: \$40/person

- includes transportation and water park fee To join in the fun, detach and return the form on the right by **August 9, 2021!**

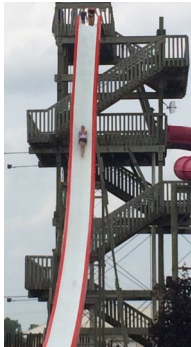
### For Lost Island Waterpark on Wednesday:

#### Wear:

- comfortable clothing
- water shoes - cement is hot!
- Modest swimwear**
  - one-piece or tankini preferred for girls

#### Bring:

- a towel
- money for lunch and dinner
- sunscreen t-shirt to use as a cover up - there is little shade



### St. Vincent De Paul Tuesday:

#### Wear:

- comfortable clothing for working

#### Bring:

- water bottle
- Lunch

Complete both sides of the form, detach, and **return with the fee** (checks payable to the parish) to the youth ministry coordinator listed below from your parish. If your parish is not listed, you are welcome to join us. Anyone listed below will accept your permission form.

Holy Spirit Parish/ Cathedral/St. Pat's - Jan Thyne 583-1709  
 Resurrection - Darby Callahan 556-7511  
 St. Anthony - Marcy McElroy 582-0377  
 St. Joseph Key West - Parish Office 582-7392  
 St. Joseph the Worker - Mark Bodensteiner 588-1433  
 Nativity- Parish Office 582-1836

## Consent Form & Liability Wavier For Event: "Serve and Slide"

### Introduction:

The Dubuque Area Youth Ministry is hosting the Serve & Slide for 9-12th grade teens. This is an opportunity to serve our greater Dubuque community, building an awareness of what it means to be Catholic as well as building community. We will meet at the service site on Tuesday, August 10 and adult volunteers will drive teens to and from Lost Island in Waterloo on Wednesday, August 11. Marcy McElroy and Mark Bodensteiner are the program directors.

### Section 1 - Contact Information:

**Participant Name:** \_\_\_\_\_ **Student Cell #:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Gender:** Female  Male  **Parish:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone#:** \_\_\_\_\_ **Cell Phone#:** \_\_\_\_\_

### Section 2 - Consent and Liability Waiver

I, \_\_\_\_\_, (Parent or Guardian's Name) grant

permission for my child named above to participate in parish events this year that may require transportation to a location away from the 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 student.

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:

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

**PLEASE COMPLETE BOTH SIDES OF THIS FORM!**