PERMISSION FORM

CrossRoads Retreat Participant/Student Leader

I request that Saint Xavier High School allow my son/ward,_____,

student ID_____, to participate in the voluntary retreat named below.

RETREAT NAME AND DATE: ***CrossRoads Ministry / Saint Xavier Follow Me*** retreat on _____, facilitated by CrossRoads Ministry, 1226 West Oak St., Louisville, KY 40210; 502-638-0683

St. X **will be providing transportation** for this event **via school bus**, to and from the retreat center and transportation to another facility associated with the retreat if required. Transportation to and from facilities associated with the retreat will also be provided via public bus transportation. Students will be accompanied by adult supervision.

RELINQUISHMENT OF CLAIMS AGAINST SAINT XAVIER HIGH SCHOOL

To the fullest extent allowed by law, I/We recognize and acknowledge that there are risks in my child's/ ward's presence and participation in the school sponsored activity. I agree to indemnify, hold harmless, waive and relinquish any and all claims for personal injury or property damage I or my son/ward may have against Saint Xavier High School and its officers, agents, employees, representatives or volunteers arising out of, in connection with the activity my child/ward participates including claims for negligence against Saint Xavier High School.

RELINQUISHMENT OF CLAIMS AGAINST CROSSROADS MINISTRY

In consideration of permitting my child/ward to attend and/or participate, I do hereby, for myself and my child /ward, waive and release any and all claims that I or my son/ward might have against CrossRoads Ministry of Louisville, KY and any designated driver of a van, bus, car or vehicle, for any and all personal injuries or losses suffered by said child/ward while engaged in the above program which may arise from negligence on the part of CrossRoads Ministry.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of any medical emergency, I authorize Saint Xavier High School agents, employees, representatives or volunteers to determine, arrange for, or provide appropriate transportation to a medical facility. I understand that every effort will be made to contact the parent or guardian of the child in need of medical care. In the event that I cannot be reached, I hereby give permission to the physician or other health care provider to secure any and all treatment deemed necessary for the well being of my child/ward.

I also give my permission for photographs to be taken of my child and used for publicity purposes of CrossRoads Ministry.

Parent/guardian name, print	Parent/guardian signature	Date

Emergency contact information:

mother: day phone	cell phone	evening phone
father: day phone	cell phone	evening phone

Insurance information:

Insurance Carrier name	*Member name*	*Member ID*	*Group ID*

You have my permission to give my son/ward ibuprofen pain reliever (common brand, Advil) if requested. (circle one) Yes / No
You have my permission to give my son/ward acetaminophen pain reliever (common brand, Tylenol) if requested Yes / No

Parent(s), please list any medical conditions that you would like the retreat director to be aware of while your son is on retreat. **Include any allergy information**. All prescription medications must be in its original packaging.

_____

_____

Campus Ministry
Saint Xavier High School
1609 Poplar Level Road
Louisville, KY 40217