

Minor Participant: Combined Consent and Health Form

(Your signature at the end indicates your consent and acceptance of the provisions included in the document.)

Name of Minor Participant: _____

Address _____

Date of Birth _____ Home phone _____

Other phone _____

Participation Consent:

I, (Name of Parent or Guardian) _____
grant permission for my son/daughter to participate in the Overnight THINKfast Retreat to be held at St. Paul the Apostle Parish on Friday, February 19th to Saturday, February 20th, 2009.

Liability Waiver: I will not hold the Archdiocese of Winnipeg, the Parish of St. Paul the Apostle or the YAH team leaders responsible in the event of any injury or accident to my son/daughter while participating in the Overnight THINKfast Retreat.

Statement of Health: I hereby warrant that, to the best of my knowledge, my child is in good health and able to participate in all program activities. (Please submit a statement indicating limitations and/or conditions of which we should be aware.)

Insurance Information: Manitoba Medical Number: _____

9 Digit PIN number: _____

Medications: Any medications brought to the Overnight THINKfast Retreat should be clearly labeled and in their original container. Please list any prescription or approved medications you child is presently taking.

Allergies: (Please attach a statement noting all known allergies, including how the child has been treated with what medication. If medications are needed occasionally or regularly, please send them with your child in case of need.)

___ No Allergens

___ List of known allergens & treatment attached

Medical Emergency: In case of medical emergency, I understand that every effort will be made to contact parents or guardian of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the Team Leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

Signature of Parent or Guardian:

I certify that the above information is correct and give permission for my child to be transported in privately owned vehicles and/or via public transportation as required; and for the release of medical records to an attending physician in case of illness. I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in the Overnight THINKfast Retreat.)

Signature _____ Date _____

USE OF PHOTOS: I hereby grant **Roman Catholic Archbishopial Corporation of Winnipeg, the Roman Catholic Archdiocese of Winnipeg, its parishes and schools** permission to use photos or videos of my child taken during program activities, or quotations from my child for future program promotion purposes.

Signature _____ Date _____

Additional Notes: Fasting Guidelines...

- Anyone older than 11 in good health can safely go without food for 25 hours. They must drink fluids to fast properly. Water, 100% Fruit Juice, Herbal teas & vegetable broth will be available for all.
- Anyone with a cold or flu, liver or kidney problems, or a serious illness (heart disease, diabetes, ulcers, etc.) should not take part without consulting a doctor.
- Fasting in a limited and controlled environment such as THINKfast does not promote eating disorders. On the contrary, it is an ideal time to discuss food security, health and positive self image.

If you have any questions or concerns, please leave a message for Heather Maxwell at the parish office 832-6122.