

Cathedral High School
Mexico Beach, FL 10/8/19 – 10/13/2019
Form 1 Student/Parent Info

STUDENT INFO:

Student Name: _____ Year _____ Date of Birth: ____/____/____

Student Email _____ Student cell # _____

PARENT INFO:

Parent or Guardian Name(s) _____

Address _____

Parent Email: _____ Home Phone: (____) _____ - _____

Cell Phone Numbers : Mom (____) _____ - _____ Dad (____) _____ - _____

If unable to contact me, please contact the following person(s):

1) Name: _____ Relationship: _____

Address: _____

Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

2) Name: _____ Relationship: _____

Address: _____

Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

FOOD ALLERGIES or OTHER SERIOUS ALLERIES TO BE AWARE OF?

Any Special Dietary restrictions we need to know about?

Cathedral High School
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Form 2

MEDICATIONS PERMISSION FORM

****Please attach a copy of Insurance Card to this packet!**

Student _____ DOB _____

Emergency contact name: _____ Phone: _____

Physician: _____

Address: _____ Phone: _____

Medical Insurance Carrier: _____

Primary Card Holder: _____ Pre-Certification Phone #: _____

ID# _____ Group # _____

Plan # _____ Effective Date _____

General Medical Information

Known Allergies & Reaction

Chronic/Existing Medical Condition

Current Medications (please include time taken each day)

****Medicine MUST be in prescription Bottle w/ identification of med.**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

*** Check here _____ if additional medications listed on back of this sheet.

I give permission for the nurse or chaperone to administer to my child, the medications listed above. I have also listed any medical concerns

Parent/Guardian Signature _____ Date _____

Cathedral High School
Mexico Beach, FL 10/8/19 – 10/13/2019
Form 3
Limited Power of Attorney- Medical Treatment

KNOW ALL MEN BY THESE PRESENCE THAT [We] _____
Names of Parents or legal Guardians

of _____ do and each of us does
Address of Parents or legal Guardians

Here by, appoint Shannon Fox & Katie Lewis, as our Proxy(s) for the sole and limited person of authorizing medical

care and treatment for our child, to wit: [_____] .
Name and Date of Birth of Child

We hereby grant and give to our said attorneys full authority and power to do and perform any and all acts necessary of incident to the performance and execution of the powers herein expressly grant, with power to do and perform all acts authorized hereby as fully to all intent and purpose as we might or could do if personally present.

This Limited Power of Attorney shall expire and terminate 15 days from the date hereof. Any person relying on the Power of Attorney may rely on a photocopy as if it were an original 10/8/19 –1013/2019 .

[Signature of parent or legal guardian] [date]

[Signature of parent or legal guardian] [date]

STATE OF INDIANA)
) SS.
COUNTY OF MARION)

Subscribed to and sworn before me, a Notary Public, in and for the said County and State that this ____ day of _____, 2019.

Notary Public Signature

Printed Notary Public
Marion County

My Commission Expires:

Cathedral High School
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Form 4
Release of Personal Injury Claim

For valuable consideration, the receipt and sufficiency of which hereby are acknowledged, the undersigned ("Releasers") do here by, for the Releasers and Releasers' heirs, executors, administrators and personal representatives, release and forever discharge Cathedral High School Mission Trip, and their heirs, executors, administrators, personal representatives from any and all manner of claims, demands, causes of actions, or suits that Releaser might now have or that might subsequently accrue to Releaser by reason of any matter or thing whatsoever, and particularly growing out of or in any way connected with, directly or indirectly, that certain event of the Cathedral High School Mission Trip, which occurred on or about 10/8/19 – 10/13/2019.

Releasers:

Signature of _____
(Student) (Printed Name of Student)

Signature of _____
(Student's Parent or Guardian) (Printed Name of Student's Parent or Guardian)

STATE OF INDIANA)
) SS.
COUNTY OF _____)

Subscribes to and sworn before me, a Notary Public, in and for the said County and State, this _____
Day of _____, 2019.

Signature

Printed

Notary Public

My Commission Expires: _____

County Of Residence: _____

Cathedral High School
Mexico Beach, FL 10/8/19 – 10/13/2019
Form 5
Student/Parent/Guardian Agreement

Student/Parent/Guardian Agreement

I, the parent/guardian of the student named below, give my permission for the student to travel with Shannon Fox on the Cathedral Mission Trip 10/8/19 – 10/13/2019 .

We have read the handbook/regulations for the trip and understand the rules and guidelines established.

The student agrees to follow these rules for the good of Cathedral High School.

It is understood that it is a school sponsored function and all rules of conduct for Cathedral High School are in Effect.

As the Parent/Guardian for the student signing below, I understand that if my student does not follow the rules outlines, my student may be sent home on the next flight at our expense as the parents'. In that event, the director or chaperone will place a call informing me of such and I will cooperate by providing a credit card account number to pay for the student's flight.

Student Name: _____

Student Signature: _____ Date: _____

Parent Name: _____

Parent Signature: _____ Date: _____

Cathedral High School
Mexico Beach, FL 10/8/19 – 10/13/2019
Form 6
Student Code of Conduct

Code of Conduct

I, _____, agree to abide by "All" rule of 1) no drinking, 2) no smoking, 3) no consuming of illicit drugs, 4) no stealing or vandalizing, 5) breaking of curfew, and 6) any other rule implied in written, non-written, verbal, or non-verbal manner which is in my best interest as deemed by the chaperone(s), place of accomodation, or host family while on the Cathedral High School Mission Trip 10/8/19 – 10/13/2019 . I understand that I will be held accountable for my behavior during this trip and if for any reason I break said or implied rules, I will be sent home immediately at the expense of my parent(s) or legal guardian(s). I understand that I am an ambassador for my family, my school, my city, my state, and my country. I will represent Cathedral High School in a respectful and conscientious manner.

Student Name: _____

Student Signature: _____

Date: _____

I understand that if my child breaks any of the trip rules or is a behavior problem during this Mission Trip he or she will be sent home at my/our expense.

Parent Name: _____

Parent Signature: _____

Date: _____

Cathedral High School
Mexico Beach, FL 10/8/19 – 10/13/2019
Form to be turned in with Meds in a Ziploc Bag upon departure

I, _____ give my permission to Shannon Fox ,
or, Lisa Pluckebaum a register nurse and designated Cathedral Chaperone traveling with the
Cathedral Mission trip to administer any medications or treatments listed below to my
son / daughter _____.

My son / daughter is aware that they are not to have any prescriptions in their procession
while on the school mission trip. They are aware that one of the chaperones will be
dispensing their medications or treatment while on the trip or while traveling on the bus.

Name of Medication / Treatment. Dosage. Time(s) of day to take.

#1. _____

#2. _____

#3. _____

#4. _____

#5. _____

Any special instructions: _____

Notes from CHS Representative administering Meds:

**** This form must be in a gallon size Ziploc baggie with all medicines. Again, all medicines must be in the proper prescription bottle with the pharmacy label. Thank you! This will help at check in.**