

ST. PATRICK - ST. VINCENT HIGH SCHOOL  
1500 Benicia Road Vallejo, CA 94591 (707) 644-4425 ex 447

# Alpha Retreat

## CAMPUS MINISTRY PARENT PERMISSION FORM

**Student's Name:** \_\_\_\_\_ **Homeroom:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

My son/daughter \_\_\_\_\_, age \_\_\_\_\_, has my permission to participate in the following activity sponsored by St. Patrick-St. Vincent High School, **The Alpha Retreat**. This activity includes faculty supervision and includes transportation under school supervision. Students will leave SPSV High School at **8 am** on **2/4/16** to travel to **Occidental**, and return to SPSV at approximately **3 pm** on **2/5/16**.

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\*\*\*\*\* **IMPORTANT** \*\*\*\*\* **EVERY QUESTION MUST BE COMPLETED** \*\*\*\*\*

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Re: ANY MEDICAL SERVICE

EMERGENCY SERVICE TREATMENTS

To Whom It May Concern:

We the undersigned parents/legal guardians of \_\_\_\_\_, age \_\_\_\_\_, do hereby consent to any examination, X-rays, medications and anesthetics and medical surgery treatments that may be rendered based on recommendations that may be made by the physicians of the service selected.

It is understood that this consent is given in advance of any accident or illness that requires diagnosis and treatment, but is given to encourage medical personnel to use their best judgment and proceed immediately with any necessary treatment. This authorization for diagnosis and treatment shall remain effective through **2/5/16**.

Home Phone \_\_\_\_\_ Work(m) \_\_\_\_\_ Work(f) \_\_\_\_\_

Cell (m) \_\_\_\_\_ Cell (f) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list any pertinent history and date of last tetanus shot:

### AUTHORIZATION SIGNATURE OF PARENT/LEGAL GUARDIAN:

\_\_\_\_\_

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**Tear and Keep this Portion**

**REMINDER: Anyone caught with an illegal substance or creating severe behavior problems on the immersion will have their parents and the School called . A student may be sent home at her/his family's expense. Expulsion could be a direct result of students breaking school rules or the local laws of the land.**

# Alpha Retreat

A New Beginning

February 4-5, 2016

**Who:** For students who have not been on an overnight retreat

**Where:** CYO Retreat Center, Occidental, California

**Fee:** \$85.00 per Person (Includes transportation, lodging, meals and retreat supplies)

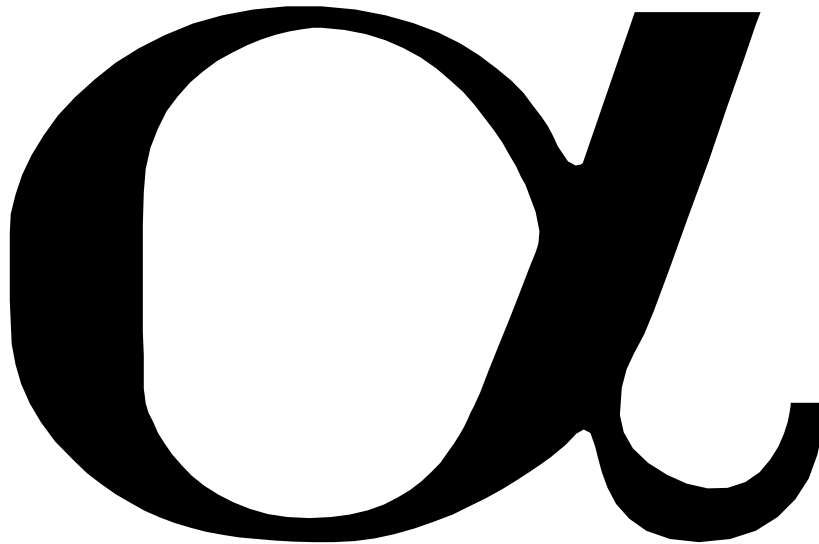
## ALL PARTICIPANTS MUST TAKE THE BUS

### *How to Register:*

- Complete the registration/permission form (more forms on the SPSV website, from your religion teacher, Campus Ministry, or the school bookstore)
- Turn in form and \$85.00 fee by the deadline to Mrs. Braudrick in the bookstore.

*The actual cost per student for this retreat is \$130. If anyone wishes to pay the full price, it will help cover the expenses of other students who desire to participate in our retreat program. Many thanks for your consideration.*

**DEADLINE TO REGISTER: Tuesday, January 19, 2016**



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### Keep This Portion of Form for Reference

- **BRING:** one bag with casual clothing (enough for 2 days), extra shoes & clothes for possible hike, warm sweater or jacket, personal items (soap, towel, toothbrush, etc.), sleeping bag, pillow, Bible. Snacks are OK but bring enough to share! Cell phones okay, but should be turned off during the retreat.
- **DO NOT BRING:** alcohol, tobacco or other drugs. Any student disrupting the retreat or caught with illegal substances will have their parents called to come to the retreat center to take them home.

**CHECK YOUR EMAIL WEEKLY UNTIL THE RETREAT FOR UPDATES / REMINDERS!**

**EMERGENCY PHONE NUMBERS:** Retreat Center Office (707) 874-0200

*Any Questions?* Talk with Ms. MacMillan 644-4425 ex 447 [f.macmillan@spsv.org](mailto:f.macmillan@spsv.org)