



## Teen Pro-Life Boot Camp

[Location of Camp]

[Date of Camp]

[Current date]

Dear Parent or Guardian,

We are excited that your youth will be participating in the Teen Pro-Life Boot Camp, sponsored by [host] on [date]. Enclosed with this letter are a few things you may be interested in regarding the event and the remaining forms we will need to have completed and submitted.

### **Participant Forms**

Included with this letter are the following documents:

- Diocese Event Participation Health Form (*Please complete and return*)
- Diocese Youth Consent for Medication Form (*Please complete and return*)
- Diocese Medication Policy
- Teen Pro-Life Boot Camp Rules of the Road (*Please complete and return*)
- Teen Pro-Life Boot Camp Information Sheet

Please mail the completed forms below to the following address no later than [registration deadline].

[Address for submitting forms]

If you have any questions or concerns, please feel free to contact [named and information for contact].

Thank You and God Bless!

# Diocese Event Participation Health Form

Sponsored by *[Diocese of KC-St. Joseph Respect Life Office / Archdiocese of KC in KS Pro-Life Office]*

Please mail the completed form to *[name and information for contact]* at the following address no later than *[registration deadline]*.

*[Address for submitting forms]*

If you have any questions or concerns, please feel free to contact *[name and information for contact]*.

## I. Event Information

Host Organization(s): *[Name of host parish(es) or school(s)]*  
Event: Teen Pro-Life Boot Camp  
Location: *[Street address, city, state, zip code]*  
Start Date/Time: *[Date and time event begins]*  
End Date/Time: *[Date and time event ends]*  
Transportation: *[Mode of transportation if participants will be taken to PRC or abortion facility]*  
Participation Cost: *[Total cost to participant if applicable]*

## II. Participant Health Information

Name of Participant: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_  
Other Contacts in case of illness or injury: Name/Phone: \_\_\_\_\_  
Name/Phone: \_\_\_\_\_

## III. Participant Health Information

*The following information must be completed for the youth participant by a parent or legal guardian. Additional information and or comments may be attached to this form.*

Are you in general good health and able to participate in normal activities? \_\_\_Yes \_\_\_No  
If "No", please describe your limitations: \_\_\_\_\_  
Are all immunizations up to date? \_\_\_Yes \_\_\_No, Approximate date of last tetanus booster \_\_\_/\_\_\_/\_\_\_\_  
Physician's Name/Telephone: \_\_\_\_\_  
Participant's Health Insurance Provider: \_\_\_\_\_  
Policy or Group# \_\_\_\_\_  
Primary Policyholder's Name : \_\_\_\_\_

1.) This youth has been diagnosed or has experienced having the following condition \_\_\_\_\_  
\_\_\_\_\_

2.) Is medication required for this condition? \_\_\_ Yes \_\_\_ No

If required, list names of medication and dosage.

Name of medication	Dosage	When to take
_____	_____	_____
_____	_____	_____
_____	_____	_____

**If the participant will have any medications administered during the event, prescription or over-the-counter, please complete the *Diocese Consent for Medication* section of this form.**

3.) Are there any restrictions for this youth? \_\_\_ Yes \_\_\_ No

If any, please list. \_\_\_\_\_

4.) Are there any specific treatments or special care? \_\_\_ Yes \_\_\_ No

If so, please list. \_\_\_\_\_

5.) In case of medical emergency, due to the youth's health condition, diocesan/parish staff should do the following:

\_\_\_\_\_

6.) List known allergies (medications, food, etc.): \_\_\_\_\_

\_\_\_\_\_

7.) Please list any special dietary needs: \_\_\_\_\_

\_\_\_\_\_

8.) Additional Comments: \_\_\_\_\_

\_\_\_\_\_

I request that this Care Plan be used to guide care for my child. I agree to provide necessary supplies and equipment, notify the youth minister of any changes in the youth's health status, and update this Care Plan as changes are made. I understand that information in this care plan will be shared with the diocesan/parish youth staff and volunteers directly involved with the care of my child as needed. Furthermore, I indemnify and hold harmless this ministry, parish, and the employees or agents of the Diocese of Kansas City-St. Joseph and the Archdiocese of Kansas City in Kansas against any claims from the use of this care plan.

#### IV. Permission of Parent/Guardian

I/We, the parent(s)/guardian(s) of the participant list above, request that he/she be allowed to participate in the Event described above, and hereby give my/our permission for such participation.

I/We give my/our permission to the sponsoring Diocese/Parish/School/Organization to take photographs, video or digital images of Participant during the Event for future promotional purposes.

**V. Consent for Disclosure to Individual Involved in the Care and Treatment of Participant**

For the duration of the Event, I/We grant to the Diocese/Parish/School/Organization and its agents the following powers, to be used for the benefit of and on behalf of Participant:

- To receive any and all individually identifiable health information about the past, present and future medical condition of Participant, including, but not limited to, information necessary to the care and treatment of Participant and any illness or injury Participant may have sustained;
- To authorize medical care for Participant, including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of and on the advice of any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices.

I/We understand that the Diocese/Parish/School/Organization will not be liable to me/us or any or my/our successors in interest for any action taken or not taken in good faith.

I/We consent to the logistics and conditions described above, including the method of transportation.

I/We understand that as parent(s) or legal guardian(s) I/we may be responsible for any liability which may result from the conduct of Participant at or during the Event.

I/We understand that there is a risk of injury involved in any Youth Ministry activity. I/We hereby release the Diocese of Kansas City-St. Joseph and the Archdiocese of Kansas City in Kansas, and its officers, agents, employees and volunteers, from any liability arising from claims of any kind or nature whatsoever in connection with Participant's participation in the Event.

**VI. Transportation Home:**

At the conclusion of camp, our child:

\_\_\_\_\_ will be leaving with his/her parents or guardian.

\_\_\_\_\_ will have a car with him/her. License # \_\_\_\_\_

\_\_\_\_\_ has my/our permission to ride home with \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**D**

## Diocese Consent for Medication Form

*If the participant will have any medications administered during the event, prescription or over-the-counter, please complete this form.*

Fiscal Year: July 1, [Year] - June 30, [Year] -- Consent expires at the end of fiscal year indicated.

**PLEASE NOTE:** MEDICATION CANNOT BE DISPENSED FROM UNLABELED CONTAINERS. ALL PRESCRIBED MEDICATION MUST BE SENT IN A LABELED PRESCRIPTION CONTAINER FROM A PHARMACY. ALL OVER-THE-COUNTER MEDICATION MUST BE PROVIDED IN THE ORIGINAL MANUFACTURED CONTAINER AND LABELED WITH THE YOUTH'S NAME AND DOSAGE.

YOUTH ARE NOT ALLOWED TO CARRY MEDICATIONS, **PRESCRIPTIVE OR OVER-THE-COUNTER**, WITH THEM. ALL MEDICATIONS ARE TO BE KEPT WITH DIOCESAN/PARISH STAFF MEMBERS. YOUTH WITH PROPER AUTHORIZATION MAY BE ALLOWED TO CARRY AND SELF-ADMINISTER ASTHMA OR OTHER MEDICATIONS FOR LIFE THREATENING CONDITIONS.

### HEALTH CARE PROVIDER CONSENT:

As diocesan/parish personnel, we must have a health care provider's order before we are permitted to give any medications. This permission must be in written form and on file with the diocesan/parish youth ministry office. A new, signed form is required each fiscal year.

Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis/Reason for Medication(s): \_\_\_\_\_

The above named youth may receive:

\_\_\_\_ Prescription medication according to label instructions

\_\_\_\_ Non-prescription medication as directed:

\_\_\_ Acetaminophen

\_\_\_ Ibuprofen

\_\_\_ Cough Drops/throat lozenges

\_\_\_ Anti-itch lotion

\_\_\_ Allergy medication

\_\_\_ Other \_\_\_\_\_

Special instructions /comments: \_\_\_\_\_

I request and authorize that the above named youth be administered the above medications as directed while participating in youth ministry activities. (Prescription label serves in lieu of physician's information below)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone Number / Fax

### PARENT/GUARDIAN PERMISSION:

I hereby give my permission for designated youth ministry personnel to administer the medication described above as directed by the licensed health care provider. I accept responsibility for immediately notifying the youth minister of any change in these instructions. Further, I indemnify and hold harmless this ministry, parish, the Kansas City-St. Joseph Diocese and Archdiocese of Kansas City in Kansas, and its employees or agents against any claims from the use of this/these medications.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## Diocese of Kansas City - St. Joseph Medication Policy

While the diocese/parish/school/early childhood center is not obliged to supply, dispense or administer medication to children/youth, in certain circumstances, medication or treatment is necessary for children/youth to be able to remain in the school/center or participate in diocesan/parish/school/center sponsored activities.

The child/youth's physician needs to send a written order for any prescription medication. This order must include the name of the drug, the dose, the time of the dose, the length of the time the medication is to be given, instructions for administration, possible adverse effects and emergency instructions. The prescription label may serve as the physician's authorization.

**Prescription medication must be accompanied by a completed *Diocese Consent for Medication Form* signed by the parent/legal guardian.**

The ministry/school/center will not dispense over-the-counter medications such as Tylenol, cough medicine, cough drops or other non-prescription medications without specific written authorization from the child/youth's parent/legal guardian. All non-prescription medication shall be in the original container and labeled by the parent/guardian with the child/youth's name and instructions for administration including times and amounts for dosages. **Non-prescription medication must be accompanied by a completed *Diocese Consent for Medication Form* signed by the parent/legal guardian.**

With the appropriate forms on file for the current fiscal year, you may send the medications to the school/center or sponsored activities when the need arises.

Children/youth are not allowed to carry medications, prescriptive or over-the-counter, with them. All medications are to be kept with trained staff members. Children/youth may be allowed to carry and self-administer asthma or other medication for life threatening conditions with proper authorization through the health care provider and diocesan/parish/school/center staff.

Should you have any questions regarding this medication policy, please contact the school/center/ministry. We work very hard to ensure the safety of your child/youth as well as all those in our care.

# Teen Pro Life Boot Camp Rules

## Initials

- \_\_\_ Only registered participants may attend.
- \_\_\_ Wear your name badge at all times.
- \_\_\_ Be on time for each activity.
- \_\_\_ Check in with your group leader at each activity.
- \_\_\_ Be respectful of all speakers, chaperones, and staff.
- \_\_\_ Do not leave **[camp location(s)]** unless it is with the group.
- \_\_\_ Do not leave the designated sleeping area after dark unless with the group.
- \_\_\_ "Lights out" also means stay in the room.
- \_\_\_ No guys in girls' rooms, nor girls in guys' rooms. (AUTOMATIC EXPULSION)
- \_\_\_ Leave your sleeping room clean and take out the trash.
- \_\_\_ Be respectful of other groups in the buildings we are sharing.
- \_\_\_ Do not give out personal information to anyone who is not associated with the Teen Pro-Life Boot Camp.
- \_\_\_ All baggage will be thoroughly checked upon arrival to ensure a fun, spirit-filled and safe experience for all.

I, the attendee of the Teen Pro-Life Boot Camp, have read the above rules and agree to participate at all times with the group. I also agree to be free of any illegal substances during the event.

I realize that the rules above are non-negotiable and any violation of these rules risks immediate expulsion from the event at my expense.

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth's Printed Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# Teen Pro Life Boot Camp Information You Should Know

## Where is the retreat being held?

- We will be at **[name and address of host parish(es) or school(s)]**
- We will be eating in **[location]** and staying the night in **[location]** (boys) and **[location]** (girls). *Chaperones will be positioned outside throughout the night.*
- We will be using **[location]** for dressing and for showers.
- We will be spending most of our time indoors, but there are some outside activities scheduled.

## When do I need to be there?

- Please arrive by **[date and time event begins]**.
- Check-in will be in **[location]**.
- Please **[do/do not]** eat dinner before arriving.

## When should parents pick me up?

- Parents are welcome to attend the closing Mass at **[time]** at **[location]**.
- Youth will return to **[location]** immediately following Mass to be picked up.

## What should I bring?

- Modest casual clothes -- No *short* shorts, nor thin straps, and ...*no exposed navels, backs or cracks!*)
- Church clothes for Mass
- Personal items for the duration of your stay
- Sleeping bag or blanket and pillow
- Draw string bag with travel-size toiletries.
- Bible
- Rosary
- Umbrella or rain coat (if the forecast looks like rain.)

## What should I *not* bring?

- iPods/MP3 players
- CD/DVD players
- Radios
- Electronic games

## Who should parents contact during the camp?

<u>Name</u>	<u>Role</u>	<u>Cell Phone Number</u>
<b>[Name(s)]</b>	<b>[Role(s)]</b>	<b>[Phone number(s)]</b>

**NOTE:** Youth will be allowed to keep their cell phones with them during camp. However, in order to focus on the theme of the retreat, the youth will *not* have their cell phones turned on during activities. **If you have an immediate need but are unable to reach your teen, you may call **[name(s)]** at any time.**