

Saint Peter's Youth Ministry

EDGE Camp

- What:** Day camp that focuses on Catholic Social Teaching for incoming 7th and 8th grade students of Saint Peter's Parish
- Theme:** "When did we see you hungry, Lord?"
- When:** June 25-29, 2018
- Cost:** \$300 (checks made payable to St. Peter's). If you would like to pay by credit card (additional \$6 fee), email angela.busby@stpetersolney.org for an appointment.
No discount for partial weeks.
- Policy:** **Deposit of \$150 due at registration.**
Final payment due: June 2, 2018
Cancellation Policy: Cancel May 1- June 2, 50% refund; After June 2, 25%.

Registration: June 4, 2018 or until filled. First come, first served; equal slots assigned to SOR and St. Peter's School.

Forms Required:

- Camp Registration Form
- Permission Slip

Daily Schedule:

Mon-Fri: 9:00 am – 4:00 pm (Drop off and Pick up at the Youth Center)
The days will include a combination of faith activities, service and field trips.

Service hours earned can be used for both Confirmation and SSL hours.
The **camper** is responsible for providing all necessary forms.

Parent Help Needed:

- Parents to chaperone afternoon activities (Virtus approved)
- Parents to shop or donate items

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

(Of the following statements pertaining to medical matters, sign only those that are applicable.)

1. *Emergency Medical Treatment:* In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____
Phone: _____ Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

2. *Other Medical Treatment:* In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called..

Signature: _____ Date: _____

3a. *Medications:* My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

3b. I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, benedryl, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

3c. No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

4. *Specific Medical Information:* The parish will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

You should be aware of these special medical conditions of my child: _____

Signature: _____ Date: _____