

2018 SOPHOMORE RETREAT



WELCOME RETREATANTS:

Congratulations! You will be attending a great retreat. A retreat is a time to get away from the regular routine of life to experience faith in a different way. It will be a fun, interactive, and prayerful experience. Bring an open heart and a good attitude.

PARENTS: The retreat will take place at Potter's Ranch and will include a combination of indoor and outdoor activities. The retreatants will be participating a low ropes leadership/team-building course, and will have an opportunity to hear witnesses about servant leadership and of course time for prayer.

General Information:

Destination:	Potter's Ranch, 5194 Beaver Rd, Union, KY 41091
Designated Supervisor(s):	Mr. Bobby Gulla and other faculty of SHDHS
Date/Time/Mode of Departure:	Tuesday, April 17th, 8:00 AM from SHDHS via Bus
Date//Time/Mode of Return:	Tuesday, April 17th, 2:35 PM to SHDHS via Bus
Student Cost:	None (STUDENT MUST BRING PACKED LUNCH)
Dress Code:	Out of Uniform (follow out of uniform guidelines in handbook). Dress for weather a majority of the retreat will take place outside.

WHAT YOU NEED TO BRING:

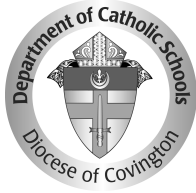
- Packed Lunch and Drink (refrigeration not available)
- Make sure to wear appropriate shoes and clothing to be outside and actively moving. Make sure you check the weather for the day.

DEADLINE: The Permission/Medical Form to your **Sophomore Religion Teacher by 4/12/2018.**

CODE OF CONDUCT: School rules are expected to be followed. Do not wear or bring any items with you that you would not be permitted to wear/use while at school (School uniform policy should be followed). Violations of school policy will result in consequences deemed appropriate by the school administration.

Location: Potter's Ranch
5194 Beaver Rd, Union, KY 41091

Emergency Phone Number: 859-525-0255 (School); 859-538-3740 Potter's Ranch Office Phone Number



SCHOOL ACTIVITY / FIELD TRIP

Parental/Guardian Consent Form and Liability Waiver

2018 SOPHOMORE RETREAT

Dear Parent(s)/Guardian(s):

Your son or daughter is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school site. This activity will take place under the supervision of employees of St. Henry District High School.

The following is a brief description of the activity:

Curriculum Goal: Sophomore Retreat
Destination: Potter's Ranch
Designated Supervisor(s): Mr. Robert Gulla, SHDHS Faculty
Date/Time/Mode of Departure: Tuesday, April 17th, 8:00 AM from SHDHS via Bus
Date//Time/Mode of Return: Tuesday, April 17th, 2:30 PM to SHDHS via Bus
Student Cost: None (bring a packed lunch and drink; refrigeration not available)
Dress Code: Out of Uniform (follow out of uniform guidelines in handbook)
Deadline for Permission Form: **April 12, 2018**
Emergency Phone Contact: Potter's Ranch 859-586-5475; SHDHS 859-525-0255

If you would like your child to participate in this activity, please complete and sign the following statement of consent and release of liability. (As parent or legal guardian, you remain fully responsible for any legal liability that may result from any personal actions taken by the named student.) (As a student, you remain subject to any disciplinary action that may result from personal actions that are not in compliance with the rules of the school.)

I hereby request that my child, _____, be permitted to participate in the activity described above. I understand that this activity will take place away from the school grounds, that the school will arrange transportation and that my child will be under the supervision of the designated school personnel. I realize and agree to indemnify **St. Henry District High School** and its representatives from liability for any accident in which my child may be involved or any injury to my child that may occur in connection with this activity. I consent to the conditions for participation in this activity, including the method of transportation.

I recognize that I remain fully responsible for any legal liability resulting from personal action by my child.

Parent/Guardian Signature _____

Date _____

Emergency Phone Numbers _____

STUDENT PARTICIPANT

I understand that I am subject to the rules of conduct specified by the school and I agree to abide by them as well as the directions of the designated supervisors of this activity.

Signature of **Student** Participant _____

over

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 apply.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical 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 phone numbers, contact:

Name and Relationship _____ Phone _____

Signature _____ Date _____

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 _____

☐ **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 _____

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

Signature _____ Date _____

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

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

Any physical limitations: ☐ Yes ☐ No _____

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

Special Dietary Needs or Concerns: The school will work to accommodate any reasonable dietary needs an individual student has. If the dietary needs require more than a reasonable accommodation special plans will need to be made with Campus Ministry in order to accommodate the needs of the student.

Are there any special dietary needs: ☐ Yes ☐ No

Please list any special dietary needs:

